

Effective January 1, 2019

Company	Premera	Premera	Premera	Premera
Provider Website	www.premera.com/wa/visitor	www.premera.com/wa/visitor	www.premera.com/wa/visitor	www.premera.com/wa/visitor
Plan	Zero Ded Plan	250 Ded Plan	HDHP HSA Plan	500 Ded
Network	Heritage Plus PPO	Heritage Plus PPO	Heritage Plus PPO	Heritage Plus PPO
Coordination or Maintenance of Benefits	Coordination of Benefits COB	Coordination of Benefits COB	Coordination of Benefits COB	Coordination of Benefits COB
IN NETWORK:				
Office Calls	\$10 Copay	10% After Deductible	20% After Deductible	\$30 Copay, Ded & Coin Apply
Prescription Copay	\$4 \$15 \$35	\$5 \$25 \$50 \$100	20% After Deductible	\$5 \$25 \$50 \$100
Deductible per Person/Family	Zero	\$250/\$750	\$1,500/\$3,000	\$500/\$1,500
Emergency Room	\$75 Copay, Coin Applies	\$75 Copay, Ded & Coin Apply	20% After Deductible	\$75 Copay, Ded & Coin Apply
Diagnostic Lab	Covered in Full	10% After Deductible	20% After Deductible	20% After Deductible
Hospital Coverage	\$150 Copay, Coins Apply	10% After Deductible	20% After Deductible	20% After Deductible
Coinsurance %	10%	10%	20%	20%
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Out of Pocket Max per Person/Family (includes Deductible & Copays)	\$1,100/\$2,200	\$3,000/\$6,000	\$5,000/\$10,000 Embedded	\$3,000/\$6,000
Vision Exam	\$20 Copay 1 PCY	\$20 Copay 1 PCY	Not Covered	\$20 Copay 1 PCY
Vision Hardware	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 copay 12 Visits PCY	10% after Ded 12 Visits PCY	20% after Ded 12 Visits PCY	\$30 Copay, Ded & Coin Apply 12 visits PCY
Chiropractic	\$10 Copay 15 visits PCY	10% after Ded 15 Visits PCY	20% after Ded 10 Visits PCY	\$30 Copay, Ded & Coin Apply 15 visits PCY
Naturopath	Paid Same as Phycian's Office Visit	Paid Same as Phycian's Office Visit	Paid Same as Phycian's Office Visit	Paid Same as Phycian's Office Visit
Rehabilitation Therapy (PT, Massage, Speech, OT)	\$10 Copay, 99 Visits PCY with Prescription	10% after Ded/99 visits PCY with Prescription	20% after Ded 25 Visits PCY	\$30 Copay, Ded & Coin Apply 99 visits PCY/w Prescription
OUT OF NETWORK:				
Deductible per Person/Family	Shared with In-Network	Shared with In-Network	Shared with In-Network	Shared with In-Network
Coinsurance %	30%	30%	40%	50%
Out of Pocket Max Person/Family (includes Deductible)	Shared with In-Network	Shared with In-Network	Unlimited	Shared with In-Network

PPO = Preferred Provider Organization HDHP = High Deductible Health Plan HSA = Health Savings Account Ded = Deductible Coin = Coinsurance PCY = Per Calendar Year COB = Coordination of Benefits