



# In Your Corner

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YESTERDAY, TODAY,  
IN THE YEAR AHEAD

PREMERA | 

BLUE CROSS

[premera.com/sebb](https://premera.com/sebb)

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD



At a time when so much is up  
in the air, you can continue  
to count on the support of  
Premera Blue Cross.

And while much may feel out  
of your control, we put the  
choice in your hands to pick  
the plan and provider that  
work best for you.

LET US HELP YOU SELECT THE RIGHT PLAN!

#### CUSTOMER QUOTE

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“I just want to say  
THANK YOU for  
such great customer  
service. I have had  
nothing but incredible  
service from your  
team... Blue Cross  
is really the gold  
standard of health  
insurance!”

– SEBB Premera member



# The benefits of Premera health plans

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## 1 Best-in-class customer service\*

Our customer service team is here for you! They can help when the task is simple, like finding an in-network doctor, or more complex, like managing a newly diagnosed medical condition.

## 2 Large nationwide network

Access a large nationwide network of more than 1.5 million unique, in-network providers and 8,900 hospitals.\*\* All plans are also supported by virtual care and telehealth providers.

## 3 Virtual care

If your doctor isn't available, you have options for care anytime, day or night. Speak to a nurse or consult a U.S. board-certified doctor by phone, video chat, or text. Doctors can consult with you and provide a diagnosis, if applicable. They can also prescribe most medications—saving you a trip to the urgent care clinic or the emergency room.

## 4 Zero-cost preventive care

Annual exams, preventive vaccinations, and cancer screenings are all considered preventive care and are covered at 100%.

## 5 Mental health

Feeling anxious, listless, or angry? Dealing with a mental health diagnosis or substance use? With Premera, you have access to therapists and psychiatrists in-person, by video and by text. [Find out more.](#)

## 6 Pharmacy benefits

Access to 63,000+ pharmacies across the country and copays as low as \$0 for preventive medications and devices. Use [this guide](#) to find out if your prescriptions are covered.

## 7 Personalized support from clinicians

Our personal health support clinicians work with members to facilitate recovery and treatment plans for chronic and complex conditions.

## 8 No referrals needed

Have back pain? Choose a back specialist you like. Need a massage? Go get one. No permission needed. All Premera SEBB plans let you self-refer to specialists in your plan's network. With Peak Care EPO, you must choose providers within the MultiCare system (Tahoma Network). With the Standard PPO or High PPO plan, you can see providers in the broader Heritage Prime Network.

**We want to hear from you!** Call us with your questions about Premera SEBB health plans at **800-807-7310** (TRS: 711), Monday–Friday, 5 a.m. to 8 p.m. Pacific Time or visit us at [premera.com/sebb](https://premera.com/sebb).

\*Based on Net Promoter Score and Call Satisfaction.

\*\*The nationwide network applies to the Standard and High PPO plans only.

# Access to high-quality doctors and hospitals

Premera health plans are supported by a network of providers offering value and quality. Find out more about the networks that come with Premera SEBB health plans below:

## Heritage Prime Network

Supporting the High and Standard PPO plans

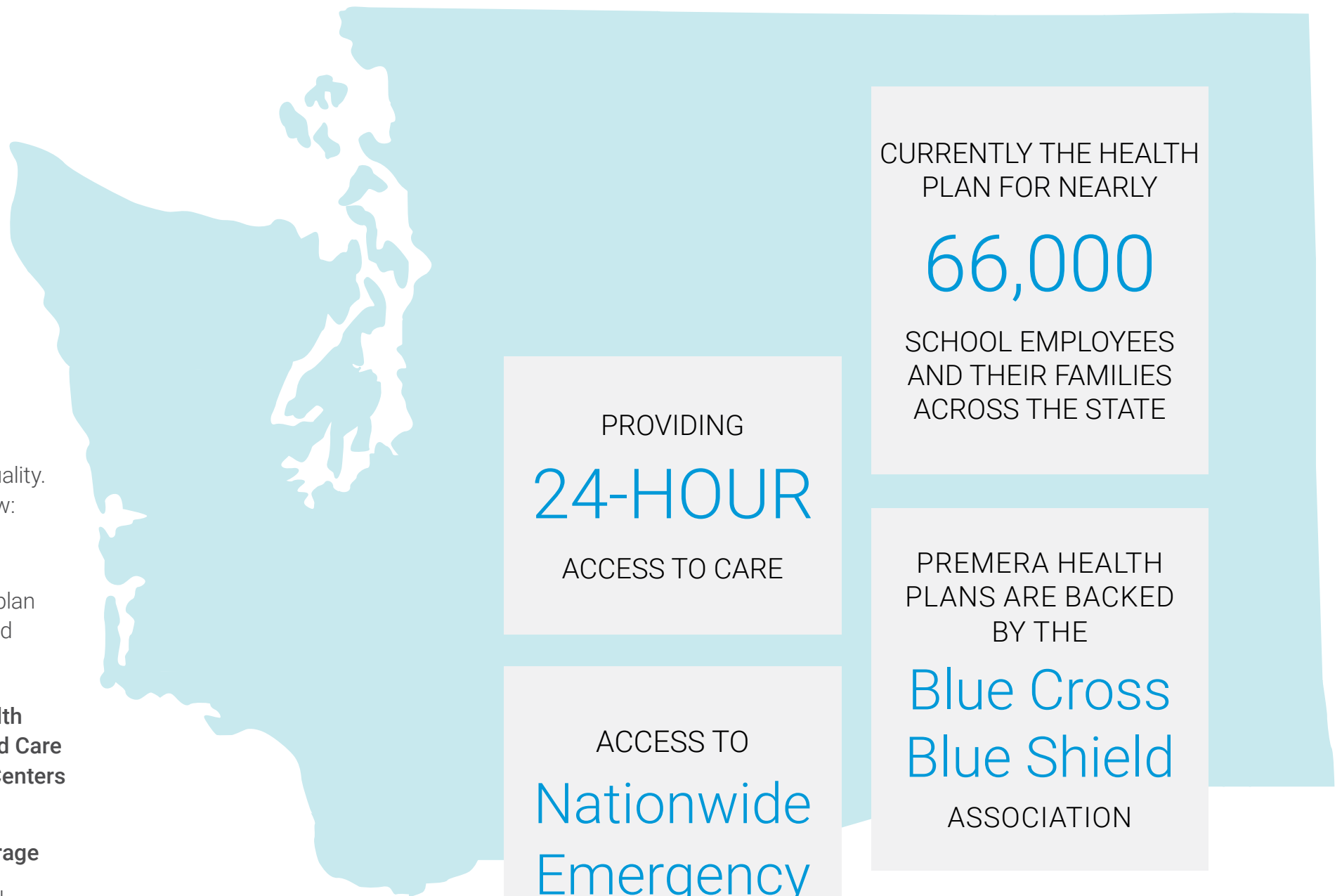
- **Access to over 38,000 in-network providers** across the state
- **Access to a large nationwide network** of more than 1.5 million unique, in-network providers and 8,900 hospitals
- **Coverage while traveling** across the country and worldwide
- **24-hour access** to nurses and U.S. board-certified doctors
- **Major hospitals and medical systems in the Heritage Prime network include:** EvergreenHealth Medical Center, The Everett Clinic, Overlake Hospital Medical Center, UW Medicine, Lourdes Medical Center, MultiCare Health System, Virginia Mason, The Polyclinic, SHC Medical Center, Seattle Children's Hospital, Harborview, Seattle Cancer Care Alliance, Peace Health, and Northwest Physicians Network

## Tahoma Network

Supporting the Peak Care EPO plan (available in Pierce, Spokane, and Thurston counties only)

- **Access to the MultiCare Health System, MultiCare Connected Care Network, and Vivacity Care Centers** in Washington state
- **Nationwide emergency coverage**
- **24-hour access** to nurses and U.S. board-certified doctors
- **Hospitals** in the MultiCare Health System and Tahoma Network include: Auburn Medical Center, Covington Medical Center, Good Samaritan Hospital, Deaconess Hospital, Valley Hospital, Mary Bridge Children's Hospital, Allenmore Hospital, and Tacoma General Hospital

[Explore the Peak Care EPO.](#)



To search a full list of providers in either the Heritage Prime or Tahoma networks, visit [premera.com/sebb](https://premera.com/sebb).



# Health plan checklist

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Choosing the right health plan is critical. Use this handy guide to help you select a School Employees Benefits Board (SEBB) health plan:

- ☐ **Location, location, location**  
Pick a plan based on the county where you live OR where you work.
- ☐ **Individual or family coverage**  
Do you plan to cover only yourself or your whole family? This will affect your monthly premium contribution.
- ☐ **In-network doctors**  
Is your current doctor in network? Check if your primary care provider and local hospital are in network with the health plan you are considering.
- ☐ **Pharmacy coverage**  
Do you take medications regularly? It's important to understand the pharmacy benefit connected to the health plan.
- ☐ **Monthly premium contribution**  
Would you rather pay more out of pocket on your monthly premium or more when you need care? Some plans cost more each month but have a lower deductible and/or costs when you need care.
- ☐ **Out-of-state coverage**  
Are you covering dependents living out-of-state, or do you like to travel during school breaks? Make sure you pick a plan that provides a broad nationwide network of doctors and hospitals.

Premera is here to make your plan selection simple and easy. Contact us with questions about Premera SEBB health plans at **800-807-7310** (TRS: 711), Monday–Friday, 5 a.m. to 8 p.m. Pacific Time or visit [premera.com/sebb](https://premera.com/sebb).

# What's new for 2021— Key plan changes

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## Live/Work provision

More plan options when you select a plan based on the county where you live or work

## Diabetes prevention

New virtual diabetes prevention program makes it easier to stay healthy with:

- Smart, connected devices
- Personalized digital guidance
- 24/7/365 access to health professionals

## Hearing hardware benefit

No out-of-pocket cost for one hearing instrument per ear every 5 years

## Bariatric surgery benefit

Available at select, approved facilities (subject to medical necessity review)



PLAN OPTIONS

January 1, 2021 start date	Standard PPO Plan		High PPO Plan		Peak Care EPO Plan	
Monthly employee (emp) premium contribution Employee only / Employee+Spouse* / Employee+Child(ren) / Employee+Spouse*+Child(ren)	\$28 / \$56 / \$49 / \$84		\$76 / \$152 / \$133 / \$228		\$37 / \$74 / \$65 / \$111	
	In network	Out of network	In network	Out of network	In network	Out of network
Annual medical deductible: per calendar year (PCY), Individual / Family	\$1,250 / \$3,125	\$2,000 / \$5,000	\$750 / \$1,875	\$1,500 / \$3,750	\$750 / \$1,875	Not covered
Coinsurance: amount you pay after your deductible is met	20%	50%	25%	50%	25%	
Out-of-pocket maximum (OOP max): Individual / Family includes deductible, coinsurance, and copays	\$5,000 / \$10,000	Unlimited	\$3,500 / \$7,000	Unlimited	\$3,500 / \$7,000	
Office visit copay: includes naturopathy services	\$20 non-specialist / \$40 specialist	Deductible, then 50%	\$20 non-specialist / \$40 specialist	Deductible, then 50%	\$20 non-specialist / \$40 specialist	
Urgent care	Deductible, then 20%		Deductible, then 25%		Deductible, then 25%	
Virtual care General medical and dermatology Emergency care (secure chat) Behavioral health	\$5 copay \$5 copay \$20 copay	Not covered	\$5 copay \$5 copay \$20 copay	Not covered	\$5 copay Not covered \$20 copay	Not covered
Alternative care Spinal manipulation: 12 visits PCY Acupuncture: 12 visits PCY Massage therapy: 12 visits PCY	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 25%	
Emergency services Emergency care (copay waived if directly admitted to an inpatient facility) Ambulance transportation (air and ground)	\$150 copay, then deductible, then 20% Deductible, then 20%	\$150 copay, then deductible, then 20% Deductible, then 20%	\$150 copay, then deductible, then 25% Deductible, then 25%	\$150 copay, then deductible, then 25% Deductible, then 25%	\$150 copay, then deductible, then 25% Deductible, then 25%	\$150 copay, then deductible, then 25% Deductible, then 25%
Hospitalization Inpatient and outpatient services Organ and tissue transplants	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 25%	Not covered
Mental health and substance use disorder services, including behavioral health Office visit Inpatient and outpatient hospital: mental/behavioral health	\$20 copay Deductible, then 20%		\$20 copay Deductible, then 25%		\$20 copay Deductible, then 25%	
Rehabilitative and habilitative services and devices Inpatient: Physical, speech, occupational (45 days combined PCY); Neurodevelopmental therapy (45 days PCY) Outpatient: Physical, speech, occupational (45 visits combined PCY); Neurodevelopmental therapy (45 visits PCY) Durable medical equipment	Deductible, then 20% \$40 copay Deductible, then 20%		Deductible, then 25% \$40 copay Deductible, then 25%		Deductible, then 25% \$40 copay Deductible, then 25%	
Laboratory services: Includes x-ray, pathology, imaging/diagnostic, standard ultrasound, major imaging including MRI, CT, PET	Deductible, then 20%		Deductible, then 25%		Deductible, then 25%	
Preventive and wellness services Screenings Exams and vaccinations	Plan covers at 100%		Plan covers at 100%		Plan covers at 100%	
Annual prescription deductible (PCY), Individual / Family	\$250 / \$750	\$250 / \$750	\$125 / \$312	\$125 / \$312	\$125 / \$312	\$125 / \$312
Prescription drugs Retail and specialty: 30-day supply Mail order: 90-day supply  Preferred generic Preferred brand Preferred specialty (mail order only) Non-preferred drugs Drug list (view full E4 drug list at <a href="https://premera.com/sebb">premera.com/sebb</a> )	Applies to medical OOP max for in-network prescriptions. The difference will be paid by the member when requesting a brand name drug. \$7 / \$14 copay (deductible waived) 30% 40% 50% E4	Cost share, then 40% (to allowable amount)  Not covered for mail order E4	Applies to medical OOP max for in-network prescriptions. The difference will be paid by the member when requesting a brand name drug. \$7 / \$14 copay (deductible waived) \$30 / \$60 copay \$50 copay 30% E4	Cost share, then 40% (to allowable amount)  Not covered for mail order E4	Applies to medical OOP max for in-network prescriptions. The difference will be paid by the member when requesting a brand name drug. \$7 / \$14 copay (deductible waived) \$30 / \$60 copay \$50 copay 30% E4	Cost share, then 40% (to allowable amount)  Not covered for mail order E4
Plan available in these counties:	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima		Adams, Asotin, Benton, Chelan, Clallam, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima		Pierce, Spokane, and Thurston	

Find out more about Premera SEBB health plans: Visit [premera.com/sebb](https://premera.com/sebb) for complete benefit highlights, Summary of Benefits and Coverage (SBC), and Certificate of Coverage (CoC) documents. Monthly premium contribution information can be found at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee).

\*Or state-registered domestic partner.

# Rx benefits when and where you need them

All Premera SEBB health plans come with access to a large number of in-network pharmacies. Key pharmacy benefits include:

## Zero-cost preventive medications and devices

Preventive medications, including breast cancer prevention drugs, cholesterol medications, vitamins, women's and men's contraception, smoking cessation, and digestive regimens are covered in full for Premera members.

## Access to over 63,000 in-network and mail-order pharmacies

The large Premera pharmacy network makes it easy to get your medications nationwide. Traveling for work or have a child away at college? No matter where life takes you, Premera has you covered!

## Covered prescriptions

Our pharmacy benefit provides access to a large variety of affordable and safe medications across all conditions.

## The Premera specialty pharmacy program

Premera delivers your specialty medication promptly to your door, while also giving you access to a clinical pharmacist who specializes in your condition. They can help you with any questions you may have about your medication.

# Premera in your pocket

You're busy and always on the go. Premera lets you manage your health plan from your smartphone. Mobile app benefits allow you to:

- View detailed claims information.
- Show your Premera ID card or send it directly to your doctor.
- Find nearby in-network doctors, hospitals, urgent care centers, and more.
- Use virtual care to connect with a doctor by phone, video, or text.
- Track your medical deductible usage.
- See a list of your prescriptions in the Medicine Cabinet.



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# Supporting our community

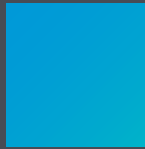
Premera Blue Cross is a Washington-based health plan. Your community is our community.

## We invest in Washington to:

- Improve rural health
- Destigmatize behavioral health
- Combat homelessness

In 2020, we expanded virtual care options for members in response to Covid-19, committed community investment funds to forward racial equity healthcare, and partnered with local LGBTQ groups to support equal rights.

We are honored to be in your corner in good times and tough times.





[premera.com/sebb](https://premera.com/sebb)

### 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, TRS: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing 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 <http://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 800-807-7310 (TRS: 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 800-807-7310 (TRS: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-807-7310 (TRS: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-807-7310 (TRS: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-807-7310 (служба коммутируемых сообщений: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-807-7310 (TRS: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-807-7310 (служба комутування повідомлень: 711).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ

គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរទូរស័ព្ទ 800-807-7310 (TRS: 711)។

**注意事項:** 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。800-807-7310 (TRS: 711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-807-7310 (በስልክ ማገናኛ አገልግሎት: 711)፡፡

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-807-7310 (TRS: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-807-7310 (رقم خدمة ترحيل الاتصالات للصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-807-7310 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-807-7310 (TRS: 711).

**ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-807-7310 (TRS: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-807-7310 (TRS: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-807-7310 (SRT: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-807-7310 (TRS: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-807-7310 (TRS: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-807-7310 (TRS: 711).

**توجہ:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-807-7310 (TRS: 711) تماس بگیرید.