

Premera ID Card Guide

(Effective January 1, 2025)

Contents

Premera ID Cards.....	2
What’s the difference?	2
ID cards vary by plan	2
ID card features.....	3
Plans and Networks	4
PPO, EPO, HMO, and high-deductible plans and networks.....	4
LifeWise Assurance Company Student Health Insurance and Graduate Appointee Insurance Program plans.....	5
Individual plans and networks.....	6
Medicare Supplement plans	9
Washington networks	10
Helpful Online Tools	13
Availity: Secure provider portal.....	13
Important Contacts	15

PREMERA ID CARDS

What's the difference?

Premera has four types of plans:

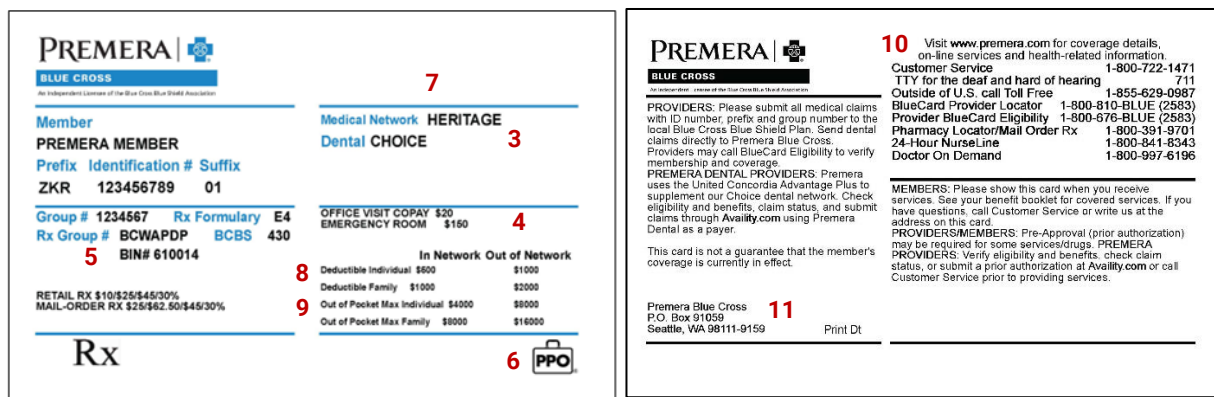
- **Individual:** Premera Blue Cross Individual exclusive provider organization (EPO) marketplace plans are available in Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, and Yakima counties. LifeWise Health Plan of Washinton, a Premera affiliate, has marketplace plans available throughout Washington state.
- **Group/Commercial:** These can be PPO, EPO or HMO and are typically employer-based plans.
 - Examples of EPO plans are Premera Pathfinder and Your Focus.
 - Examples of PPO are Your Choice and Your Future.
 - The Premera Blue Cross HMO plans are called HMO Core Plus.
 - Group employer-based plans are sold by LifeWise for Clark County-based groups.
- **BlueCard:** A patient may be a customer of a Blue Cross and/or Blue Shield plan based in another state. The BlueCard program allows customers to get services while living in another Blue plan's service area.

ID cards vary by plan

Most Premera ID cards are similar, with just a few key differences. When patients call, we recommend that you ask them for their **health plan** and **network name**. Remember that the ID card is not a guarantee of coverage or eligibility. To check eligibility and benefits, use the Availity online [Eligibility and Benefits Tool](#) or contact customer service.

Many plans change during the year. We recommend you ask for a patient's ID card if they haven't been seen recently to ensure they still have the same coverage.

For more details, view the [ID card section](#) of the Premera Medical Reference Manual. For detailed BlueCard program information, view the [BlueCard Program Provider Manual](#) available on our [BlueCard Resources](#) page.



ID card features

1. Customer information

Policyholder's name and member ID number. Be sure to include the prefix and the identification number when submitting claims or checking eligibility. You don't need to include the suffix.

2. Group number

Group ID numbers identify the line of business for the customer's plan.

3. Medical network

This identifies which network your patient is in. See the plans and networks section of this guide for specific network details and limitations. If the customer has dental coverage, that will be listed as well.

4. Copay, emergency room, Rx

This details what a customer pays at the time of service.

5. Rx group # and BIN#

These numbers relate to pharmacy claims.

6. Suitcase symbol for nationwide coverage

The suitcase image, with or without PPO noted, indicates that the customer's plan includes BlueCard benefits. This symbol is important when providing healthcare services to out-of-area patients. You can check BlueCard patient eligibility and benefits by using the BlueCard Resources web page or by calling 1-800-676-BLUE. Note: Certain plans, such as our EPO, don't cover out-of-area services, even though the suitcase logo is on the card.

7. Group or plan name

Federal Employee Program (FEP) is noted on the top right section of a customer's card. For Premera national accounts, the account name may appear on the card.

8. Plan deductible

Any applicable plan deductible.

9. Out-of-pocket maximum

Any applicable out-of-pocket maximum limitation under the plan.

10. Contact information and web tools

For customers and providers. If a customer has a limited network (such as an EPO), emergency care benefits are noted here.

11. Billing information

Billing instructions and address. Some Plans may have a different claims mailing address, noted on the back of card.

PLANS AND NETWORKS




PPO, EPO, HMO, and high-deductible plans and networks

Our PPO and high-deductible plans have a standard in-network and out-of-network structure. Copays or co-insurance amounts are listed on the member ID card.

EPO and HMO plans are limited networks and typically don't cover non-emergency care out of the state. Emergency care is covered out of state and out of network. This restriction is noted on the back of the ID card.

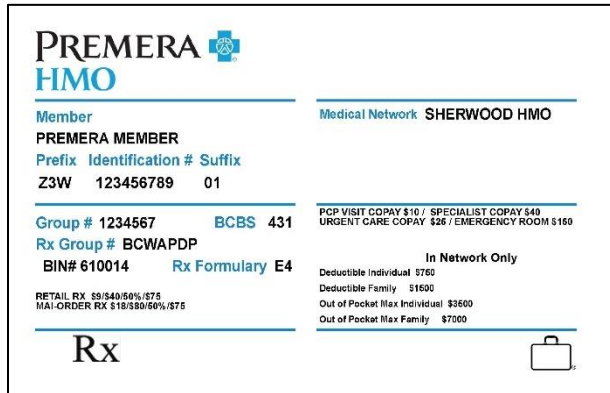
Group/commercial ID card samples

Premera Blue Cross

 <p>PREMERA BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small></p>		 <p>PREMERA BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small></p>																
<p>Member PREMERA MEMBER Prefix Identification # Suffix ZKR 123456789 01</p>		<p>Medical Network: HERITAGE Dental: CHOICE</p>																
<p>Group # 1234567 Rx Formulary E4 Rx Group # BCWAPDP BCBS 430 BIN# 610014</p>		<p>OFFICE VISIT COPAY \$20 EMERGENCY ROOM \$150</p>																
<p>RETAIL RX \$10/\$25/\$45/30% MAIL-ORDER RX \$25/\$62.50/\$45/30%</p>		<table border="1"> <thead> <tr> <th></th> <th>In Network</th> <th>Out of Network</th> </tr> </thead> <tbody> <tr> <td>Deductible Individual</td> <td>\$600</td> <td>\$1000</td> </tr> <tr> <td>Deductible Family</td> <td>\$1000</td> <td>\$2000</td> </tr> <tr> <td>Out of Pocket Max Individual</td> <td>\$4000</td> <td>\$8000</td> </tr> <tr> <td>Out of Pocket Max Family</td> <td>\$8000</td> <td>\$16000</td> </tr> </tbody> </table>			In Network	Out of Network	Deductible Individual	\$600	\$1000	Deductible Family	\$1000	\$2000	Out of Pocket Max Individual	\$4000	\$8000	Out of Pocket Max Family	\$8000	\$16000
	In Network	Out of Network																
Deductible Individual	\$600	\$1000																
Deductible Family	\$1000	\$2000																
Out of Pocket Max Individual	\$4000	\$8000																
Out of Pocket Max Family	\$8000	\$16000																
<p>Rx</p>		<p>Visit www.premera.com for coverage details, on-line services and health-related information. Customer Service 1-800-722-1471 TTY for the deaf and hard of hearing 1-855-629-0987 Outside of U.S. call Toll Free 711 BlueCard Provider Locator 1-800-810-BLUE (2583) Provider BlueCard Eligibility 1-800-676-BLUE (2583) Pharmacy Locator/Mail Order Rx 1-800-391-9701 24-Hour NurseLine 1-800-841-8343 Doctor On Demand 1-800-997-6196</p>																
		<p>PROVIDERS: Please submit all medical claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. Send dental claims directly to Premera Blue Cross. Providers may call BlueCard Eligibility to verify membership and coverage. PREMERA DENTAL PROVIDERS: Premera uses the United Concordia Advantage Plus to supplement our Choice dental network. Check eligibility and benefits, claim status, and submit claims through Avallity.com using Premera Dental as a payer. This card is not a guarantee that the member's coverage is currently in effect.</p>																
		<p>MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. PREMERA PROVIDERS: Verify eligibility and benefits, check claim status, or submit a prior authorization at Avallity.com or call Customer Service prior to providing services.</p>																
		<p>Premera Blue Cross P.O. Box 91059 Seattle, WA 98111-9159</p> <p style="text-align: right;">Print Dt</p>																
		<p style="text-align: right;">  </p>																

The suitcase image, with PPO noted, indicates that the customer's plan includes BlueCard benefits. BlueCard providers outside of the service area of Alaska and Washington are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

Premera Blue Cross HMO



PREMERA HMO

Member
PREMERA MEMBER

Prefix Identification # Suffix
Z3W 123456789 01

Group # **1234567** BCBS 431
Rx Group # **BCWAPDP**
BIN# **610014** Rx Formulary E4

PCP VISIT COPAY \$10 / SPECIALIST COPAY \$40
URGENT CARE COPAY \$26 / EMERGENCY ROOM \$160

Medical Network **SHERWOOD HMO**

In Network Only
Deductible Individual \$760
Deductible Family \$1600
Out of Pocket Max Individual \$3600
Out of Pocket Max Family \$7000

RETAIL RX \$9/\$40/50%/\$75
MAIL-ORDER RX \$19/\$80/60%/\$75

Rx



PREMERA HMO

Visit www.premera.com for coverage details, on-line services and health-related information.

Customer Service 1-844-722-HMO1(4661) 711
TTY for the deaf and hard of hearing 1-844-722-HMO1(4661) 711
Provider Questions 1-800-391-9701
Mail Order Pharmacy 1-800-391-9701
24-Hour NurseLine 1-844-963-5050

PROVIDERS/MEMBERS: Specialty services require a referral from a primary care provider (PCP). Some services and medications require prior authorization. Contact your PCP to request a referral or prior authorization.
PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan.

This card is not a guarantee that the member's coverage is currently in effect.

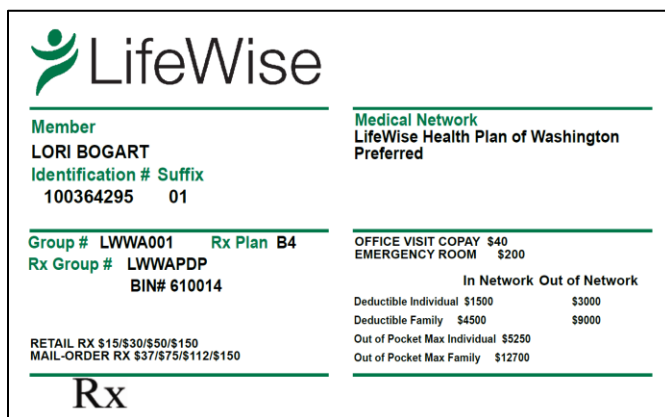
MEMBER/PROVIDER: Send paper claims and correspondence to:
Premera Blue Cross HMO
P.O. Box 91059
Seattle, WA 98111-9159

Members: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call or chat with Customer Service us at the address on this card. Providers: Verify eligibility and benefits, check claim status, or submit a prior authorization at Avality.com or call Customer Service prior to providing services. **This member does not have benefits outside of their network other than urgent/emergency services.**

08/17/2022

HMO plans are limited networks and typically don't cover non-emergency care out of the state. Emergency care is covered out of state and out of network. This restriction is noted on the back of the ID cards.

LifeWise Health Plan of Washington



LifeWise

Member
LORI BOGART

Identification # Suffix
100364295 01

Group # **LWWA001** Rx Plan **B4**
Rx Group # **LWWAPDP**
BIN# **610014**

OFFICE VISIT COPAY \$40
EMERGENCY ROOM \$200

Medical Network
LifeWise Health Plan of Washington Preferred

	In Network	Out of Network
Deductible Individual	\$1500	\$3000
Deductible Family	\$4500	\$9000
Out of Pocket Max Individual	\$5250	
Out of Pocket Max Family	\$12700	

RETAIL RX \$15/\$30/\$50/\$150
MAIL-ORDER RX \$37/\$75/\$112/\$150

Rx



LifeWise

Visit lifewisewa.com for coverage details, on-line services and health-related information.

Customer Service 1-800-592-6804 711
TTY for the deaf and hard of hearing 1-855-332-2159
Outside of U.S. call Toll Free 1-800-391-9701
Pharmacy Locator/Mail-Order Rx 1-800-841-8343
24-Hour NurseLine 1-800-841-8343

PROVIDERS: Please submit all medical claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.
PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs.
LifeWise Providers: Verify eligibility and benefits, check claims status or submit a prior authorization at Avality.com or call Customer Service prior to providing services.

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider go to www.lifewisewa.com or call Customer Service.





LifeWise Health Plan of Washington
P.O. Box 91059 10/26/2023
Seattle, WA 98111-9159

MultiPlan

LifeWise group plans include MultiPlan providers outside of Alaska and Washington. MultiPlan providers are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

LifeWise Assurance Company Student Health Insurance and Graduate Appointee Insurance Program plans

International Student Health Insurance Plan (ISHIP) and Graduate Appointee Insurance Program (GAIP) plans are offered through the LifeWise Assurance Company and use the Multiplan network. LifeWise Assurance Company ID cards list the network, plan type, and dental coverage.

 <p>UNIVERSITY of WASHINGTON</p> <p>Member IMA MEMBER</p> <p>Prefix Identification # Suffix XXX 123456789 01</p> <hr/> <p>Group # 9000032 Rx Group # LWACDP BIN# 610014</p> <hr/> <p>Medical Network LIFEWISE AC Dental YES</p> <hr/> <p>Rx Plan B3</p> <hr/> <p>GAIP PLAN</p> <hr/> <p>Rx </p>	 <p>Visit https://student.lifewiseac.com/uw/gaip for coverage details, on-line services and health-related information.</p> <p>Customer Service 1-800-971-1491 TTY for the deaf and hard of hearing 711 Outside of U.S. call Toll Free 1-855-332-2159 Pharmacy Locator/Mail-Order Rx 1-800-391-9701 24-Hour NurseLine 1-800-341-8343 Teladoc 1-855-332-4059</p> <hr/> <p>PROVIDERS: Please submit all claims with ID number, prefix and group number to Lifewise Assurance Company. This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits. PROVIDERS/MEMBERS: Prior authorization may be required for some services/drugs. Providers: Check benefits at web address or call Customer Service prior to services.</p> <p>MEMBERS: Please show this card when you receive services. See your benefit booklet for details on levels and covered services. If you have questions, call Customer Service at the number listed above.</p> <table border="1"> <tr><th>Benefit Level</th><th></th></tr> <tr><td>Level 1</td><td>Campus Clinics and Rubenstein Pharmacy</td></tr> <tr><td>Level 2</td><td>LifeWise AC & MultiPlan</td></tr> <tr><td>Level 3</td><td>All other providers</td></tr> </table> <hr/> <p>Please submit all claims to: LifeWise Assurance Company P.O. Box 91059 Seattle, WA 98111-9159</p> <p> Pharmacy Benefits Manager 10/02/2019</p>	Benefit Level		Level 1	Campus Clinics and Rubenstein Pharmacy	Level 2	LifeWise AC & MultiPlan	Level 3	All other providers
Benefit Level									
Level 1	Campus Clinics and Rubenstein Pharmacy								
Level 2	LifeWise AC & MultiPlan								
Level 3	All other providers								

Individual plans and networks


Premera Blue Cross


Premera Individual EPO plans are available in eight counties. Individual Signature is the network name for these plans, though the providers are the same as the Heritage Signature network.

All members with an individual plan have INDIVIDUAL PLAN clearly marked on the front of their card. Please verify you're in the Individual Signature network before seeing individual plan members.

BlueCard providers outside of the service area of Alaska and Washington are considered out of network for non-emergent services, and members have out-of-network cost shares. Most plans only have coverage for emergency services outside Alaska and Washington. Emergency services are always paid at the in-network cost share.


Premera Cascade Care plans use the same Individual Signature network and are available through the Washington Health Benefit Exchange (WAHBE) to residents in the same counties as the Individual Signature network.

 <p>Member SAMPLE CARD</p> <p>Prefix Identification # Suffix ABC 123456789 01</p> <hr/> <p>Group # 1234567 Rx Group # BCWAPDP BIN# 610014</p> <hr/> <p>BCBS 430</p> <hr/> <p>Rx</p>	<p>Medical Network Individual Signature</p> <hr/> <p>Rx Plan M4</p> <hr/> <p>INDIVIDUAL PLAN OFFICE VISIT COPAY \$40 PCP COPAY \$5 / EMERGENCY ROOM \$150 RETAIL RX \$5/\$40/50% MAIL-ORDER RX \$15/\$120/50%</p> <table border="1"> <thead> <tr> <th></th> <th>IN NETWORK</th> <th>OUT OF NETWORK</th> </tr> </thead> <tbody> <tr> <td>DEDUCTIBLE INDIVIDUAL</td> <td>\$1,000</td> <td>\$1,000</td> </tr> <tr> <td>DEDUCTIBLE FAMILY</td> <td>\$3,000</td> <td>\$3,000</td> </tr> <tr> <td>OUT OF POCKET INDIVIDUAL MAX</td> <td>\$4,000</td> <td>\$4,000</td> </tr> <tr> <td>OUT OF POCKET FAMILY MAX</td> <td>\$10,000</td> <td>\$10,000</td> </tr> </tbody> </table>		IN NETWORK	OUT OF NETWORK	DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000	DEDUCTIBLE FAMILY	\$3,000	\$3,000	OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000	OUT OF POCKET FAMILY MAX	\$10,000	\$10,000
	IN NETWORK	OUT OF NETWORK														
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000														
DEDUCTIBLE FAMILY	\$3,000	\$3,000														
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000														
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000														

 <p>PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect. Providers please call Customer Service to verify membership and coverage.</p> <p>MEMBER/PROVIDER: Send paper claims and correspondence to:</p> <p>Premera Blue Cross of WA P.O. Box 21702 Eagan, MN 55121</p>	<p>Visit www.premera.com for coverage details, on-line services and health-related information.</p> <p>Customer Service 1-800-607-0546 TTY for the deaf and hard of hearing 711 Outside of U.S. call Toll Free 1-855-390-6514</p> <hr/> <p>MEMBERS: Please show this card when you receive dental services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.</p>
--	---

Pediatric individual health plan members have access to the Dental Select network.

There are a number of members with grandfathered individual health plans. Members with these plans have access to the Premera Heritage network. BlueCard providers outside of the service area of Alaska and Washington are considered in-network for this plan and members will pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

PREMERA | 
BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Member
SAMPLE CARD

Prefix Identification # Suffix
ABC 123456789 01


Group # 1234567

Dental Network Dental Select

DENTAL ONLY

INDIVIDUAL PLAN

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000

PREMERA | 
BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Visit www.premera.com for coverage details, on-line services and health-related information.

Customer Service 1-800-607-0546
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-390-6514
BlueCard Provider Locator 1-800-810 BLUE (2583)
Provider BlueCard Eligibility 1-800-676 BLUE (2583)
Pharmacy Locator/Mail Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-784-9265

PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

MEMBER/PROVIDER: Send paper claims and correspondence to:

Premera Blue Cross of WA
P.O. Box 21702
Eagan, MN 55121


MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

LifeWise Health Plan of Washington

Individual EPO plans from LifeWise Health Plan of Washington, a Premera affiliate, are available in 33 counties. LifeWise Primary is the main network name for these plans.

Members with a 2025 LifeWise individual plan have INDIVIDUAL PLAN marked clearly on the front of their ID cards. LifeWise members are required to have an assigned primary care provider (PCP). If a member doesn't have a PCP on record or they're a new member, LifeWise will assign a PCP. Verify you're in the LifeWise Primary network before seeing individual plan members.



Member
SAMPLE CARD
Identification # Suffix
123456789 01



Group # **1100009**
Rx Group # **LWWAPDP**
BIN# **610014**

Medical Network LIFEWISE PRIMARY

Exempt BT Rx Plan **M2**

INDIVIDUAL PLAN
PCP COPAY \$50 / EMERGENCY ROOM \$250
RETAIL RX 30%/30%/30%/50%
MAIL-ORDER RX 30%/30%/30%/50%

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000


Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-877-267-0111
24-Hour NurseLine 1-800-784-9265


PROVIDERS: Please submit all claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider, go to www.lifewise.com or call Customer Service. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.



LifeWise also offers Cascade Care and Cascade Select plans. These are qualified health plans designed by WAHBE, and they typically have lower deductibles and more benefits with copays. LifeWise Cascade Care plans use the LifeWise Primary network, while Cascade Select plans use the LifeWise Alpine network. Cascade Care plans are available to residents in 16 counties, while Cascade Select plans are available in 21 counties. Please verify you're in the LifeWise Alpine network before seeing Cascade Select plan members.



Member
SAMPLE CARD
Identification # Suffix
123456789 01



Group # **1100009**
Rx Group # **LWWAPDP**
BIN# **610014**

Medical Network LifeWise Alpine

Exempt BT Rx Plan **M4**

INDIVIDUAL PLAN
OFFICE VISIT COPAY \$30
PCP COPAY \$10 / EMERGENCY ROOM \$425
RETAIL RX \$12/\$35/\$160/\$160
MAIL-ORDER RX \$36/\$105/\$480/\$160

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$750	\$1,500
DEDUCTIBLE FAMILY	\$2,250	\$4,500
OUT OF POCKET INDIVIDUAL MAX	\$4,500	\$4,500
OUT OF POCKET FAMILY MAX	\$4,500	\$4,500

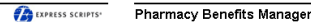
Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-841-8343


PROVIDERS: Please submit all claims with ID number, prefix and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plans of WA
P.O. Box 21552
Eagan, MN 55121

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider to www.lifewisewa.com or call Customer Service. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.



Individual plan members have access to the Dental Value network.



Member
SAMPLE CARD
Identification # Suffix
123456789 01


Group # **1100009**

Dental Network Dental Value

DENTAL ONLY

INDIVIDUAL PLAN

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$3,000	\$1,000
DEDUCTIBLE FAMILY	\$1,000	\$1,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000



Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159


PROVIDERS: Please submit all claims with ID number and group number directly to LifeWise.
This card is not a guarantee that the member's coverage is currently in effect. Providers please call Customer Service to verify membership and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121

MEMBERS: Please show this card when you receive dental services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

There are some members with grandfathered individual health plans. Members with these plans have access to the LifeWise Health Plan of Washington Preferred network. MultiPlan providers outside of the

service area of Alaska and Washington are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.



Member
SAMPLE CARD


Identification # Suffix
123456789 01

Group # 1100009

Medical Network LifeWise Health Plan of Washington Preferred

INDIVIDUAL PLAN
OFFICE VISIT COPAY \$30
EMERGENCY ROOM \$100

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000



Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-877-267-0111
24-Hour NurseLine 1-800-784-9265

PROVIDERS: Please submit all claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121


MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider, go to www.lifewise.com or call Customer Service. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

PHCS Out of Area **EXPRESS SCRIPTS** Pharmacy Benefits Manager **MultiPlan** Complementary Network

Medicare Supplement plans

Medicare Supplement plans are offered in all Washington counties, except Clark. ID cards for all members on our Supplement plans have MEDICARE SUPPLEMENT clearly marked on the front of the card. Premera has A, *C, *F, *High Deductible F, G, High Deductible G, and N plans.

* Closed to new sales



BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Member
IMA MEMBER


Prefix Identification # Suffix
XXX 123456789 01

Group # 1000042

BCBS 430

Medical Network PLAN F

MEDICARE SUPPLEMENT



Visit www.premera.com for coverage details, on-line services and health-related information.

BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Customer Service 1-800-722-1471
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-629-0987
24-Hour NurseLine 1-800-841-8343

PROVIDERS: Submit all claims to Medicare first. Submit claims for balances after Medicare with ID number, prefix and group number. Services in WA or AK send secondary claims to Premera Blue Cross at the address on this card. Services outside of WA or AK send secondary claims to the local Blue Cross Blue Shield plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service to verify membership and coverage.

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

Premera Blue Cross
P.O. Box 91059
Seattle, WA 98111-9159

10/01/2019

Washington networks

<p>Medical</p> <ul style="list-style-type: none"> • Global • Heritage • Heritage and Dental Choice • LifeWise Health Plan of Washington Preferred • LifeWise Assurance Co. 	<p>Medical</p> <ul style="list-style-type: none"> • Heritage Prime • Heritage Signature • Individual Signature • LifeWise Primary • LifeWise Alpine • Heritage Signature and Dental Choice • Sherwood HMO • Sherwood HMO and Dental Choice 	<p>Dental</p> <ul style="list-style-type: none"> • Dental Choice • Dental Select • Dental Value • Heritage and Dental Choice • Heritage Signature and Dental Choice • LifeWise Assurance Co.
--	---	---

All contracted participating medical providers are included in the following plan networks. These plan networks can't be separated (see above).

- Global
- Heritage
- Heritage and Dental Choice
- LifeWise Health Plan of Washington Preferred
- LifeWise Assurance Co.

In addition, providers can participate in the following medical plan networks. If a provider has admitting privileges to a hospital in that plan network (if hospital privileges are required for the provider), they can participate in that plan network.

- Heritage Prime
- Heritage Signature
- Individual Signature
- LifeWise Primary
- LifeWise Alpine
- Heritage Signature and Dental Choice
- Sherwood HMO
- Sherwood HMO and Dental Choice

As a standard process, if a provider participates in the Heritage Signature plan network, the provider must also participate in Heritage Signature and Dental Choice, Individual Signature, and LifeWise Primary plan networks. *Note: Exceptions to deviate in the participation in any of these three plan networks must be approved as a custom contract.*

All contracted participating dental providers are included in the following plan networks:

- Dental Choice
- Sherwood HMO and Dental Choice
- Heritage and Dental Choice
- Heritage Signature and Dental Choice
- LifeWise Assurance Co.

In addition, providers can participate in the following dental plan networks:

- Dental Select
- Dental Value

The Heritage and Dental Choice, Sherwood HMO and Dental Choice, and Heritage Signature and Dental Choice, are all plan networks for small group products with embedded pediatric dental benefits. The LifeWise Assurance Co. network supports medical and embedded family dental benefits for LifeWise Assurance Co. plans. **Note: There are no exceptions to deviate in the participation of Dental Choice, Heritage and Dental Choice, and LifeWise Assurance Co. networks.**

2025 plans names and networks

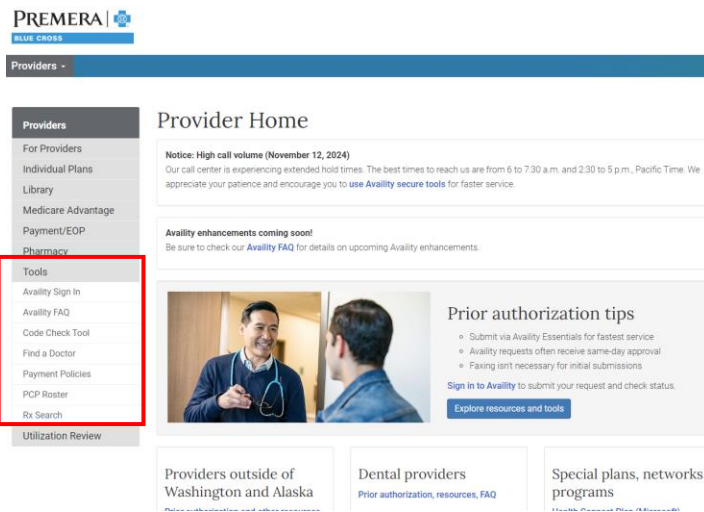
Individual Plans	
Plan Names	Network Names
Premera Preferred (EPO) Gold, Silver, Bronze	Individual Signature Available in Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, Yakima
Premera Preferred HSA (EPO) Gold, Silver, Bronze	Individual Signature Available in Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, Yakima
Premera Cascade Care (EPO) Gold, Silver, Bronze	Individual Signature Available in Franklin, Grays Harbor, King, Kitsap, Pacific, , Pierce, Spokane, Yakima
Premera Blue Cross Group Conversion (PPO) (Grandfathered plans)	Heritage (BlueCard included)
LifeWise Cascade Care Select (EPO) Gold, Silver, Bronze	LifeWise Alpine Available in Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Grays Harbor, Island, Klickitat, Lincoln, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Spokane, Thurston, Wahkiakum, Whatcom, Yakima
LifeWise Cascade Care (EPO) Gold, Silver, Bronze	LifeWise Primary Available in Asotin, Columbia, Garfield, Grant, King, Kittitas, Lewis, Lincoln, Okanogan, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman

LifeWise Essential (EPO) Gold, Silver, Bronze	LifeWise Primary Available in Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, King, Kittitas, Klickitat, Lewis, Lincoln, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
LifeWise Health Plan of Washington WiseChoices, WiseEssentials, WiseSavings (Grandfathered plans)	LifeWise Health Plan of Washington Preferred Available in Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, or Yakima
International Student Insurance Plan (ISHIP)	LifeWise Assurance Co. (Multiplan included)
LifeWise Individual Pediatric Dental	Dental Value
LifeWise Individual Family Dental	Dental Value
Small Group Plans (BlueCard Included)	
Plan Names	Network Names
Balance Plans	Heritage Signature and Dental Choice (BlueCard included)
Choice Plans	Heritage and Dental Choice (BlueCard included)
HMO Core Plus (HMO)	Sherwood HMO and Dental Choice (BlueCard included, doesn't cover non-emergency care outside Washington) Available in King, Pierce, Spokane, and Thurston
Large Employer Group Plans (BlueCard Included)	
Plan Names	Network Names
Your Choice (PPO)	Heritage, Heritage Prime (BlueCard included)
Your Future (HSA)	Heritage, Heritage Prime (BlueCard included)
Your Focus (EPO)	Heritage, Heritage Prime (BlueCard included)
Preferred Choice (PPO)	Heritage, Heritage Prime (BlueCard included)
Preferred Choice (HSA)	Heritage, Heritage Prime (BlueCard included)
Essentials Medical Plan (EPO)	Heritage Prime (BlueCard included)
Premera Pathfinder (EPO)	Heritage Prime (BlueCard included)
Your World (PPO) (Self-funded groups only)	Global (BlueCard included)
Blue HPN (EPO)	Heritage Prime (HPN BlueCard included)
Blue HPN Preferred Choice (EPO)	Heritage Prime (HPN BlueCard included)

HMO Core Plus (HMO)	Sherwood HMO (BlueCard included, doesn't cover non-emergency care outside Washington) Available in King, Pierce, Spokane, and Thurston
Preferred Choice Dental Optima Preferred Choice Dental Optima Flex Preferred Choice Dental Optima Voluntary Preferred Choice Essentials Dental Dental Preference Flex Plus Willamette Dental	Dental Choice Dental Choice Dental Choice Dental Choice Dental Choice Willamette Dental Group
Graduate Appointee Insurance Program (GAIP) (PPO)	LifeWise Assurance Co. (Multiplan included)
WiseFoundaton (PPO) WiseElement (PPO & HSA)	LifeWise Health Plan of Washington Preferred (Multiplan included)
Medicare Supplement Plans	
Premera Medicare Supplement A, *C, *F, *High Deductible F, G, High Deductible G, N * Closed to new sales	Medicare Supplement plans pay after Medicare and do not use a Premera network. Available in all Washington counties, except Clark

HELPFUL ONLINE TOOLS

Visit our provider website at premera.com/wa/provider/ for Availity tools and information.



Availity: Secure provider portal

We have a single-source solution for all our providers through Availity, it is a nationwide, multi-payer secure portal that helps providers and health plans share information efficiently.

Providers have access to the following through Availity:

Availity tool	Description
---------------	-------------

Eligibility and benefits	<p>Member search feature allows you to search using only a member's plan ID number. Results will include all members associated with that member ID. If you don't have a member's ID, you can search by the member's first name, last name, and DOB.</p> <p>View tooth history information from the Services History button of the eligibility and benefits results when you select Premera Dental as a payer.</p>
Claim submission	<p>Claim submission for medical, dental, and facility is available through Availity for free. Express Entry makes adding provider information fast and error-free. Note: You don't need to use Availity as a clearinghouse to use this feature.</p>
Claim status	<p>View the status for a medical, dental, and/or facility claim. Color-coded tabs show you the status of a patient's claim. You can search by member, claim number, or all claims within a specific date range.</p> <p>You can add an attachment to a claim requiring additional information to process or make a correction to a claim.</p>
Remittance viewer	<p>Premera and FEP EOPs are available from the Check/EFT tab. Select the EOP/EOB icon under the Actions menu to download a PDF. Note: Use "Premera Federal Employee Program (FEP) & Postal" as a payer to view FEP and Postal check information.</p>

Providers still need to use Premera's secure provider portal for some transactions not yet available on Availity, such PCP roster and electronic funds transfer "EFT" dashboard.

Links to access those tools, as well as all resources on Premera's existing secure and public provider websites, are available on Availity's payer space landing pages for a seamless online experience.

Availity sign in: Premera uses [Availity](#) as its primary secure provider website for checking eligibility and benefits, submitting prior authorizations and claims, getting claims status, add claim attachments, correct a claim, and more.

Premera - Individual plans sign in: If your patient's ID card says, "Individual Plan," sign in to [Premera's Individual Plan website using your OneHealthPort sign in.](#)

Find a Doctor: Verify your address and specialty information and find providers you can refer to within a patient's network by visiting our Find a Doctor tool.

Eligibility and benefits: Sign in to Availity to verify a patient's network and eligibility information using our [eligibility and benefits tool](#).

Prior authorization: Sign in to Availity to determine what services require authorization or need review (based on the patient's plan).

Plan prefixes: Determine which plans are within Premera's network or are outside of Washington. This is helpful when determining benefits and eligibility for a customer. You'll find this list on the [reference information page](#) of our website.

Find online tool user guides, web-based training modules, and more in our online [Learning Center](#). Get the latest news and policy updates by signing up for monthly updates in our [Provider News newsletter](#).

IMPORTANT CONTACTS

Premera Provider Website: premera.com/wa/provider/

Customer service: 877-342-5258, option 2

- Customer benefits and eligibility verification
- Claims payment, payment vouchers, or remittance assistance
- Provide network status confirmation
- Individual Premera plans, 800-607-0546
- Individual LifeWise plans, 800-817-3056

BlueCard: 800-676-BLUE to verify benefits or eligibility for BlueCard customers. Call 888-261-9562 for BlueCard claims customer service.

Physician and provider relations: 877-342-5258, option 4

- Changing your billing, practice or remittance address
- Adding a practice location
- Updating your tax identification number
- Adding/removing a provider at your office
- Fulfilling application and contract requests
- Verifying contract status
- Requesting copies of past communications

Pharmacy services: 888-261-1756

- General information on the Preferred Drug List (PDL)
- Exceptions for point-of-sale edits
- Level status confirmation for a specific medication

Care management: 877-342-5258

- Individual Premera plans, call 844-996-0329
- Individual LifeWise, call 844-996-0333

Technical issues related to:

- Individual Premera plans, call 800-607-0546
- Individual LifeWise plans, call 800-817-3056