

Envoy Plans Benefit Guide

Groups with 2–99 employees
For new plans, effective on or after January 1, 2013

Tough terrain calls for a health plan
that knows how to navigate it.

PREMERA | 

BLUE CROSS BLUE SHIELD OF ALASKA

We know the territory.

5 BIG reasons

Your clients will know they made the right decision in choosing Premera Blue Cross Blue Shield of Alaska as their health plan.

- Many health plans come and go from this state, but we stay because this is our home. We're here, we're with you, and **have been since 1952.**
- **We're all for a sustainable healthcare system.** We're committed to finding ways to reduce costs, encourage wellness, and support the delivery of quality, cost-effective healthcare.
- Our in-network coverage travels with our members. Our network of healthcare providers **spans the state and the nation.** So no matter where members go, the advantages of our network go with them.
- When members call, they get friendly, responsive service from **someone who speaks Alaskan.**
- When clients choose us, they are supporting Alaska's economy. We are a team of people who **live, work and love it here.**



He's valued for things you can't see.

We have a lot in common.



Honed senses and skills that keep costs down.

84% of the claims Premera receives are auto-adjudicated, which provides faster turnaround on claims payments. Premera also has a claims financial accuracy rate of 99%.¹

Uncanny abilities to sniff out fraud, abuse and other overpayments.

Our overpayment recovery unit saved over \$66 million for employers in 2011.²

Protective layers that help members stay healthy, and smartly coordinate their care.

Our Integrated Health Management Team—staffed by doctors, nurses, pharmacists, and case managers—works to support better health for our members and help lower preventable claims costs.

Strong heart built for endurance that keeps provider networks stable.

Provider satisfaction with Premera is extremely high as we keep pace with great member access to providers while keeping provider costs reasonable.

¹ Internal Premera claims data, for 2012, through July 31, 2012.

² Calypso service data for the Premera family of companies.

Select Envoy

The AK HeritageSelect Envoy™ plan has the advantage of an office-visit provision that encourages members to visit the doctor when needed.



- When a member needs care in a hospital setting, preferred facilities are where they will get the highest benefit levels†
- Participating and out-of-network facilities are also covered, but at a lower benefit level
- The member's first six office visits, shared among certain professional and alternative care benefits, are subject only to the plan's copay, with subsequent visits subject to the deductible and coinsurance

† Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska (PBCBS AK). See "Find a Doctor" on premera.com for more information.

COST-SHARE OPTIONS

Cost-share amounts represent members' costs
PCY = Per Calendar Year

	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$7,500	\$12,500
Individual Deductible PCY (family=3x)	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$7,500	\$12,500
Coinsurance Percentage¹ (preferred / participating / OON)	20 / 40 / 60	20 / 40 / 60	20 / 40 / 60	20 / 40 / 60	20 / 40 / 60	30 / 40 / 60	30 / 40 / 60	50 / 50 / 60	0 / 0 / 60
Individual Coinsurance Maximum PCY (family=3x)	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$3,500	\$4,000	\$2,500	\$0
Office Visit Cost Share	\$25	\$25	\$25	\$25	\$30	\$40	\$45	\$45	\$50
ANNUAL PLAN MAXIMUM	\$2 Million								

Note: Out-of-pocket costs for out-of-network providers do not accrue toward out-of-pocket maximum.
Out-of-pocket Maximum = Deductible + Coinsurance Maximum.

¹ All coinsurance amounts are based on a percentage of allowable charges. Preferred and participating providers are in-network. "OON" refers to out-of-network.

COVERED SERVICES

	IN-NETWORK		OUT-OF-NETWORK
	PREFERRED	PARTICIPATING	
PREVENTIVE CARE			
Preventive Office Visit	Covered in full ¹		Covered in full ¹
Preventive Screenings²			Hospital-based services: 60%; Other facilities and professionals: Covered in full ¹
Immunizations			
Seasonal Immunizations Provider office or pharmacy			
Health Education & Training			
Diabetes Education & Training			Covered in full ¹
Community Wellness	Not Covered		

¹ Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

² A list of preventive screenings is available on premera.com in the Miscellaneous Forms page of the producer and employer websites.

Select Envoy

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = Per Calendar Year

COVERED SERVICES	IN-NETWORK		OUT-OF-NETWORK
	PREFERRED	PARTICIPATING	
PROFESSIONAL CARE			
Professional Office Visit Including Urgent Care	First 6 visits PCY at copay/deductible waived, otherwise deductible/preferred coinsurance		
Other Outpatient Professional Services	Preferred coinsurance		Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
Inpatient Professional Services			
ALTERNATIVE CARE			
Manipulations (Spinal and other) 12 visits PCY	Office visit cost share		
Acupuncture 12 visits PCY			
Naturopathic Services			
DIAGNOSTIC SERVICES			
Outpatient Diagnostic Imaging & Laboratory Services Including diagnostic mammography	Preferred coinsurance	Participating coinsurance	Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
EMERGENCY CARE			
Emergency Care Copay waived if direct admit to inpatient facility	\$100 copay, then deductible and preferred coinsurance		
Ambulance Transportation Air and surface	Emergent Air & Surface—2-50: Preferred coinsurance; 51+: \$100 copay, then deductible and preferred coinsurance Non-Emergent Air—2-50: Coinsurance; 51+: \$100 copay, then deductible and coinsurance Non-Emergent Surface—2-50: Preferred coinsurance; 51+: \$100 copay, then deductible and preferred coinsurance		Emergent Air & Surface—Same as In-Network Non-Emergent Air: 60% Non-Emergent Surface: Same as In-Network
FACILITY CARE			
Inpatient Care	Preferred coinsurance		Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
Outpatient Facility Care			
Skilled Nursing Facility 60 days PCY			
MATERNITY			
Maternity Prenatal, delivery and postnatal care	Preferred coinsurance	Participating coinsurance	Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
OTHER SERVICES			
Mental Health and Chemical Dependency Treatment— Coverage only for groups of 51+ employees Unlimited outpatient and inpatient See Optional Benefits Guide for groups 50 and under.	Inpatient: Preferred coinsurance; Outpatient: Copay		Inpatient: Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance; Outpatient: Copay
Rehabilitation (Including Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy. Massage Therapy must be billed by MD, DO or DC.) Outpatient: 45 visits PCY; Inpatient: 30 days PCY	Inpatient & Outpatient: Preferred coinsurance	Inpatient: Participating coinsurance; Outpatient: Preferred coinsurance	Inpatient & Outpatient: Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
Supplies, Equipment, Prosthetics and Orthotics Unlimited except foot orthotics \$300 PCY	Preferred coinsurance		Hospital-based services: 60%; Other facilities and professionals: Preferred coinsurance
Home Health Care 130 home health visits PCY			
Hospice Care (Inpatient: 10 days; Respite: 240 hours; Home visits: unlimited) 6 month lifetime maximum for all services			
Transplants (Organ & Bone Marrow) Unlimited, except for \$75,000 donor and \$7,500 travel & lodging limit per transplant	Inpatient: Preferred coinsurance; Outpatient: First 6 visits PCY at copay/deductible waived, otherwise deductible/preferred coinsurance	Inpatient: Participating coinsurance; Outpatient: First 6 visits PCY at copay/deductible waived, otherwise deductible/preferred coinsurance	Not covered

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with PBCBS AK.

This is only a brief summary of the major benefits provided by the AK HeritageSelect Envoy plan. It is not a contract.

Live here and travel a lot Outside?

Good, because Premera Blue Cross Blue Shield of Alaska gives you access to in-network providers in your neighborhood and around the world.

- **Statewide with our expansive Heritage network**
- **Nationally through the BlueCard[®] network**
- **Internationally through BlueCard[®] Worldwide**

Members can find in-network providers in Alaska, Washington and all other states by using the “Find a Doctor” search function on **premera.com**.

When members are traveling, they can call the BlueCard toll-free number, on the back of their member ID card, to find a doctor, 24 hours a day, 7 days a week. And, when outside the U.S., the BlueCard representative can make the appointment with the provider for the member.



General Exclusions & Limitations

Benefit plans typically have exclusions and limitations—what the plans limit and do not cover. The following are general exclusions and limitations for Premera Blue Cross Blue Shield of Alaska (PBCBS AK) benefit plans. Plans may have additional or different limitations or exclusions, as found in the contract or on premera.com. Please contact your PBCBS AK representative for more information.

What is limited or not covered

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Any disease, ailment or condition listed as not covered in the contract
- Caffeine dependence
- Complications of non-covered services
- Conditions arising from acts of war or service in the military
- Conditions arising from the member's commission of a felony or insurrection or an act of riot or terrorism
- Convenience or personal comfort items (i.e., guest meals and services, television, telephone charges)
- Cosmetic or reconstructive surgery (except as specifically provided) and supplies
- Dental services (except as specifically provided)
- Dietary and food supplements
- Environmental therapy
- Experimental or investigational services (except as specifically provided)
- Family and marital counseling, and family and marital psychotherapy (except as specifically provided)
- Gender transformations
- Hair loss/cranial prosthesis (wig)
- Infertility diagnosis and treatment and sterilization reversal
- Learning disorders (except as part of covered neurodevelopmental therapy)
- Orthognathic surgery (procedures to lengthen or shorten the jaw)
- Over-the-counter or non-prescription drugs (except as specifically provided)

- Private duty nursing
- Senile deterioration or dementia
- Services in excess of specified benefit maximums and/or allowable charges
- Services payable by other types of insurance coverage
- Services received when not covered by this program
- Sexual dysfunction
- Temporomandibular joint disorders (TMJ)
- Vision therapy, eye exercise and vision surgeries to improve the refractive character of the cornea (LASIK)
- Vocational counseling, vocational rehabilitation and recreational therapy
- Work-related conditions for which the member is eligible for benefits from other sources

Waiting periods

There is a 12-month waiting period for pre-existing conditions, unless otherwise specified. This waiting period may be credited or waived based on prior healthcare coverage. Members under 19 years of age are not subject to the pre-existing condition waiting period.

Annual Plan Maximum

There is an annual plan maximum of \$2 million, based on the calendar year.

More Information

You'll find more details about our plans at premera.com including a Supplemental Guide that shares information about privacy policies, provider organization, key utilization management procedures and pharmaceutical management procedures.

A complete benefit solution

We make it easy to build a comprehensive benefit package for your clients. Our optional benefits and services are tailored to complement our medical plans, adding integrated value while supporting the health and satisfaction of employees. Please see our **Optional Benefits** brochure for more detailed information.

Pharmacy

Pharmacy benefits are an essential component of maintaining good health—and are highly valued by the workforce. Our programs are simple and flexible, with an intelligent balance of choice, cost savings and peace of mind.

Dental

Dental care is an important factor in total health. Employers can choose from a variety of deductible options and employees experience coverage for a range of care plus the flexibility to use any licensed or certified provider.

Mental Health/Chemical Dependency

Many employers see this benefit as a must-have in maintaining a healthy and productive workplace.

Vision

Vision coverage is a great way to enhance a solid benefit package. Employees will stay on top of their vision care needs with exams and coverage for eyewear. Additional options are available.

Hearing

Regular hearing exams can contribute to maintaining good overall health. Optional hearing benefits include coverage for hearing exams, hearing tests and hearing aids.

Life and Disability

Employers can offer Group Life Insurance, AD&D, Dependent Life coverage, Disability coverage and more. USABLE Life* offers progressive life and disability products that provide valuable benefit features. For more information, contact your sales representative or visit usablelife.com.

Personal Funding Accounts

To complement our benefits, Premera has an easy-to-manage system for Personal Funding Accounts including HSAs, HRAs and FSAs. Our integrated system streamlines the claims payment process for the member, making it easy for them to take more control of their healthcare dollar.

* USABLE Life does not provide Blue Cross or Blue Shield products or services and is solely responsible for its products.

2 GREAT PPO options

HeritageSelect: The “preferred hospital, any doctor plan”

When hospital facilities are used, Select plans pay the higher level of benefits only for preferred in-network hospitals. With respect to physicians and practitioners, Select offers employers peace of mind that their employees can see the physicians and practitioners of their choice and receive the same benefit level.*

HeritagePlus: The “preferred hospital, preferred doctor plan”

Plus plans offer members an in-network level of benefits when they use preferred in-network hospitals, physicians and practitioners. Plus plans can offer employers savings, and are popular where the Premera network is strongest.

*Balance billing may apply outside the Premera network.

**We are proud to have served
Alaskans for over half a century.**

Thank you

Alaskans choose Premera Blue Cross Blue Shield of Alaska more than any other health plan. We deliver complete benefit solutions, programs and tools that actively promote better health outcomes and help achieve sustainable healthcare costs.



We know the territory.



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