

# HOW TO USE YOUR COVERAGE

## Medical Claims

1. **Choose your provider** – You may select any licensed provider with no need to coordinate through a Primary Care Physician or obtain referrals to specialists. However, you receive better benefits based on discounted charges when you choose a Preferred Provider from Premera's Heritage Prime network. To look up a specific provider or obtain a list of preferred providers, please access the Premera website or call 800-722-1471.
2. **Make the appointment** – When asked, your insurance provider is Premera Blue Cross.
3. **Bring your ID card** to the provider's office/facility. If you have lost your ID card or have not received one, print a temporary ID card from [premera.com](http://premera.com) or the Premera mobile app:

### Looking up Preferred Providers:

- Go to [www.premera.com](http://www.premera.com)
- Click on 'Find a Doctor'
- Create (or Sign into) an account and follow the instructions **-or-** Search as a Visitor without logging in.
- Make sure to select the 'Heritage Prime Network'
- Out of the area, search 'Bluecard PPO'

**Preferred Provider Network:** Heritage Prime  
**Group #:** 4002447  
**Claims Processor/Administrator:** Premera Blue Cross  
**Member ID #:** The number that appears on your ID card

4. The provider's office will probably want to **verify your eligibility and benefits**. They can do this by contacting Premera customer service at 1-800-722-1471.

### Why use a Preferred Provider?

- Preferred provider fees are discounted
- Benefit level is higher (80% vs. 60%)
- Preferred providers will request all necessary prior authorizations on your behalf
- Preferred providers are obligated to bill insurance on behalf of the covered member

Non-network providers are not obligated to bill insurance first and may require you to pay upfront. If billed directly, ask for a claim form to submit for reimbursement. Claims should be sent to:

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

### Prior Authorization

Some procedures and some inpatient admissions must be authorized with Premera before **they** will be covered. If you use a Preferred Provider, the provider will handle the prior authorization for you. A partial list of procedures that require prior authorization includes:

- Planned admission into hospitals or skilled nursing facilities
- Non-emergency ground or air ambulance transport
- Advanced imaging such as MRIs and CT scans
- Transplant and donor services
- Some injectable medications you get in a healthcare provider's office
- Prosthetics and orthotics other than foot orthotics or orthopedic shoes

(This is not a complete list. Your doctor has the most current list and medical information needed to request a prior authorization on your behalf.)

## Prescription Drug Claims

Fill your prescription at a Premera preferred pharmacy to minimize your out of pocket expenses. The plan uses the Essentials formulary. Prescriptions are covered as follows:

Retail Prescription Drugs	Deductible Waived
Generic	\$15 copay
Formulary	\$30 copay
Non-Formulary	\$50 copay
Specialty	30% copay

In addition, the plan requires prior-authorization for some prescription drugs. Ask your pharmacist or contact Premera at 1-800-722-1471.

More Resources and Information are available at [www.premera.com](http://www.premera.com) or use Premera's mobile app.