

Life Science Washington Side by Side Comparison

(January 1, 2024 - December 31, 2024)



2022 Plan Name	Deductible		Coinsurance		Office Visit Copay	Out-of-Pocket Maximum		Emergency Care ¹	Preventive Office Visits/Immunizations	Other Professional Diagnostic Imaging	Other Professional Diagnostic Laboratory/Pathology	Rx Cost Shares	
	Individual	Family	In Network	Out of Network		Individual	Family					Retail	Mail Order
	\$0	\$0	0%	50%	\$20	\$2,000	\$6,000	\$200 copay, then 0% after deductible	Covered in Full	Covered in Full	Covered in Full	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Premier	\$0	\$0	0%	50%	\$20	\$2,000	\$6,000	\$200 copay, then 0% after deductible	Covered in Full	Covered in Full	Covered in Full	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Premier 200	\$200	\$600	0%	50%	\$25	\$3,200	\$9,600	\$200 copay, then 0% after deductible	Covered in Full	Covered in Full	Covered in Full	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Prime 200	\$200	\$600	0%	50%	\$25	\$3,200	\$9,600	\$200 copay, then 0% after deductible	Covered in Full	Covered in Full	Covered in Full	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Premier 250	\$250	\$750	10%	50%	\$25	\$3,750	\$11,250	\$200 copay, then 10% after deductible	Covered in Full	10%, deductible waived	10%, deductible waived	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Premier 500	\$500	\$1,500	10%	50%	\$25	\$4,000	\$12,000	\$200 copay, then 10% after deductible	Covered in Full	10%, deductible waived	10%, deductible waived	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Prime 500	\$500	\$1,500	10%	50%	\$25	\$4,000	\$12,000	\$200 copay, then 10% after deductible	Covered in Full	10%, deductible waived	10%, deductible waived	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Premier 1500	\$1,500	\$4,500	10%	50%	\$25	\$4,250	\$12,750	\$200 copay, then 10% after deductible	Covered in Full	10%, deductible waived	10%, deductible waived	\$10/\$30/\$60/\$250	\$20/\$60/\$120/\$250
Bio Select 300	\$300	\$900	20%	50%	\$30	\$4,300	\$12,900	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Select 500	\$500	\$1,500	20%	50%	\$30	\$5,000	\$15,000	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Select 1000	\$1,000	\$3,000	20%	50%	\$35	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Select 2000	\$2,000	\$6,000	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Prime 2000	\$2,000	\$6,000	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Select 3000	\$3,000	\$9,000	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Select 5000	\$5,000	\$12,700	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Prime 5000	\$5,000	\$12,700	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20%, deductible waived	20%, deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$140/\$250
Bio Choice 1000	\$1,000	\$2,000	30%	50%	\$40	\$7,000	\$14,000	\$200 copay, then 30% after deductible	Covered in Full	30%, deductible waived	30%, deductible waived	\$10/\$40/\$80/\$250	\$20/\$80/\$160/\$250
Bio Choice 2000	\$2,000	\$4,000	30%	50%	\$40	\$7,500	\$15,000	\$200 copay, then 30% after deductible	Covered in Full	30%, deductible waived	30%, deductible waived	\$10/\$40/\$80/\$250	\$20/\$80/\$160/\$250
Bio Choice 5000	\$5,000	\$10,000	30%	50%	\$40	\$8,000	\$16,000	\$200 copay, then 30% after deductible	Covered in Full	30%, deductible waived	30%, deductible waived	\$10/\$40/\$80/\$250	\$20/\$80/\$160/\$250
HSA 2000	\$2,000	\$4,000	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prime HSA 2000	\$2,000	\$4,000	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	20% after deductible	20% after deductible
HSA 3000	\$3,000	\$6,000	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	20% after deductible	20% after deductible
HSA 5000	\$5,000	\$6,550	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prime HSA 5000	\$5,000	\$6,550	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	20% after deductible	20% after deductible

This benefit summary is not a contract or a complete explanation of covered services, exclusions, limitations, or reductions. Please refer to the benefit highlights and booklets for additional information.

Unless otherwise specified, amounts shown are for In-Network Services

¹Waive copay if admitted to inpatient facility

Manipulations - Spinal and other (12 visits PCY)

Acupuncture (HSA: 12 visits PCY/ PPO: 18 visits PCY)

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. 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, sex, gender identity, or sexual orientation, 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, TTY: 711, Email 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 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 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телефон: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телефон: 711).

ပြည်ထောင်စုနိုင်ငံမြန်မာ့သို့ မျော်းဆုံးအား အော်လုပ်ခိုင်များ အော်လုပ်ခိုင်များ မြှော်မြှော် 800-722-1471 (TTY: 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。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ஆய்வு: மூன்றாண்டு முடிய மூன்றாண்டு முடிய மூன்றாண்டு முடிய மூன்றாண்டு முடிய மூன்றாண்டு: 080-722-1471 (தொலைபேசி: 711).

XIYYEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث إحدى اللغات، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقمنumber 800-722-1471 (رقم هاتف الصمم والبكير: 711).

ພິພານ ດີເລີ: ຈະ ຕຸລັນ ບົ່ນຈຳ ເຄີລດ ເລື, ຈະ ດ້ານ ດີເລີ ສະຫະ ດູກແດ ລົມ ມຸດຕະ ເປັນລະບຽບ ດັ່ງໆ 800-722-1471 (TTY: 711) ເຊັ່ນ ດັ່ງໆ 800-722-1471 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ମୂଳଭାଷା: ଦେଖିବା ପାଇଁ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تمهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 711 (TTY: 711) تماس بگیرید.