

Premera Network Tiering: Balance Small Group Plans Example

The Balance small group plans use a tiered provider network structure. The value of the discounts Premera has negotiated in other networks applies and caps most out-of-network charges to the allowed amount. **Assumptions:** This example assumes the deductible has been met and the service received is subject to coinsurance, not office visit copays. Contract allowed amounts may vary by service.

Tier >	In-Network Tier	Out-of Network-but-contracted tier	Out-of-Network, no-contract-at-all tier
Provider's Contract	Contracted to be in the Heritage Signature network.	Not in Heritage Signature , but contracted with Premera Blue Cross or LifeWise in the Global, Heritage, Foundation, or LifeWise Preferred network.	Not contracted in any Premera or LifeWise provider network.
Network Status	In-Network	Out-of-Network - Contracted	Out-of-Network – Non-contracted
Benefit Level	80% / “Contract Allowed” applies	50% / “Contract Allowed” applies	50% / “Balance Billing” applies
Balance Plan Example: \$100 billed by provider to member in a PBC Balance plan for a covered service.	“Allowed” = \$70 PBC pays \$56 Member pays \$14 Provider write-off = \$30	“Contract Allowed Max” = \$70 PBC pays \$35 Member pays \$35 Provider write-off = \$30	“Allowed” does not apply PBC pays \$35 (joint payee) Member pays \$65 - Member pays 50% and “balance billed” \$15. No provider write off.

Services are in-network costs, all medical and pediatric dental (embedded in the medical plan) co-pays, deductibles and coinsurance apply toward the out-of-pocket maximum

Services are out-of-network costs based on Premera negotiated contracts. Member cannot receive a “balance” bill for the additional costs. All member costs incurred **DO NOT** apply toward the out-of-pocket maximum

True out-of-network costs that **DO NOT** apply to the out-of-pocket maximum. **VERY** few providers are not contracted in any Premera network.