**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 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 or the Premera mobile app:

   **Preferred Provider Network:** Heritage  
   **Group #:** 4002447  
   **Claims Processor/Administrator:** Premera Blue Cross  
   **Member ID #:** Your Social Security Number

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. Prescriptions are subject to the deductible and then covered by the plan at 80% if you use a Premera preferred pharmacy. You will pay your co-insurance at the time you fill your prescription (after the deductible is met) and the plan will process the balance of the claim. 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.