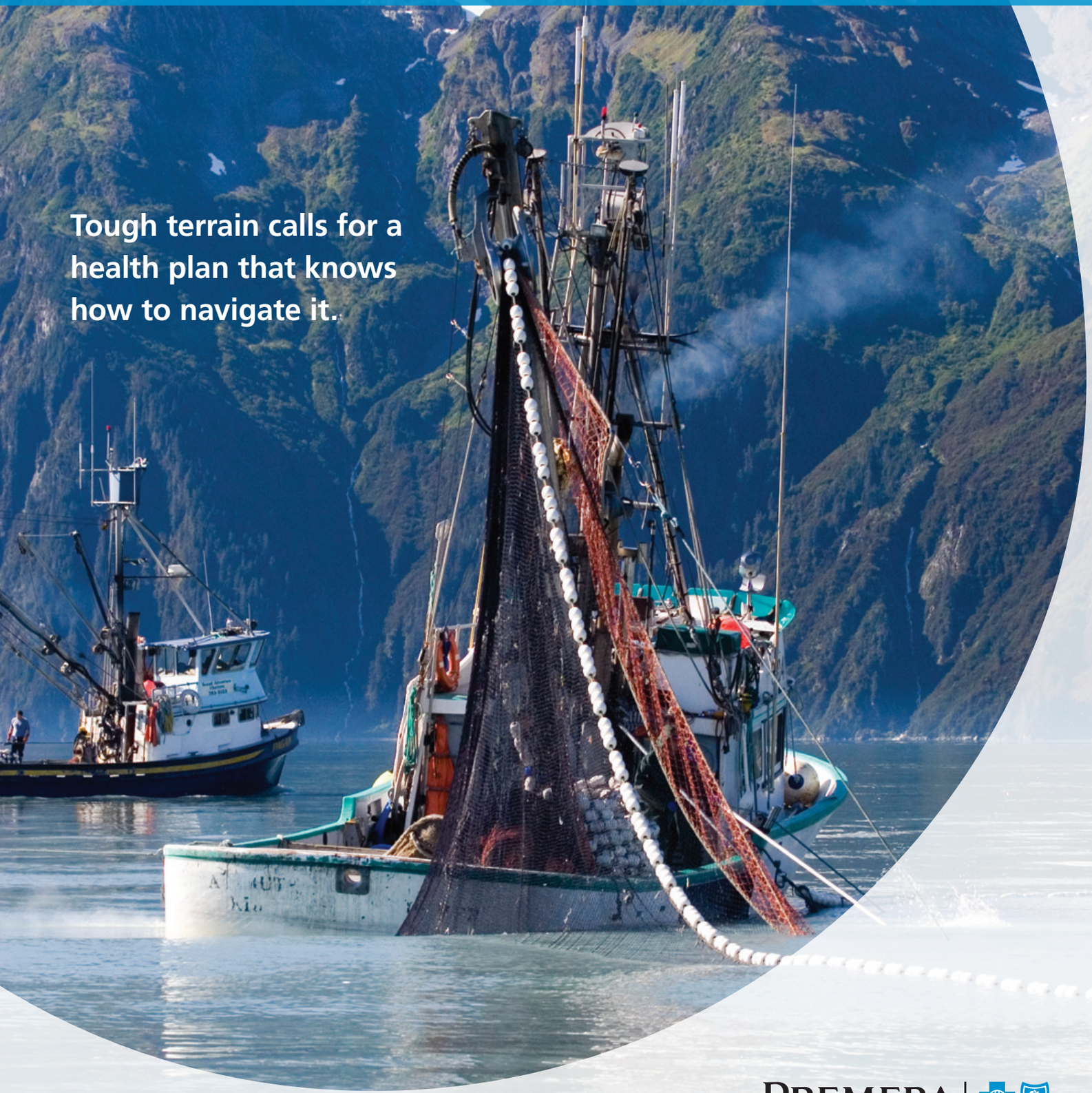
Healthcare Coverage

For Individuals and Families | For plans effective January 2013



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

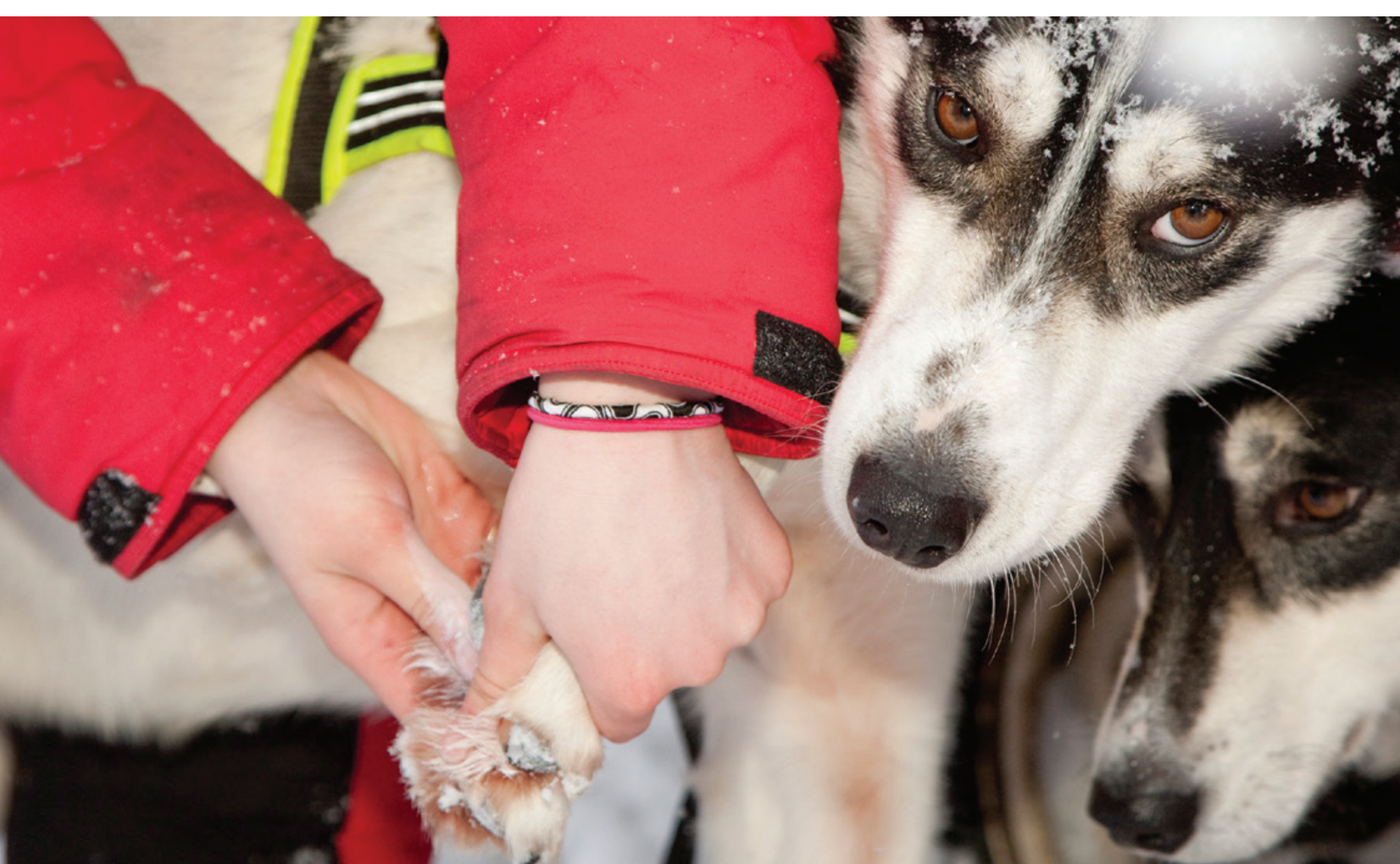
PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

We know the territory.

5 BIG reasons

Premera Blue Cross Blue Shield of Alaska is the right choice for you.

- We've been **serving Alaskans since 1952**. Many health plans come and go from this state, but we stay because this is our home.
- Our health plans travel with you. We have a **network of health providers** across the globe, so no matter where you go, our network goes with you.
- When you call, you get fast, friendly service from someone who **knows the territory**.
- All of our plans cover **preventive care** services.
- We're committed to reducing costs, encouraging wellness and supporting the delivery of quality, cost-effective medical care to **create a sustainable healthcare system** for Alaskans.



What's included in a Premera plan?

In addition to office visits, testing and lab services, alternative care and hospital care...

Comprehensive preventive care coverage

Preventive care is one of the best ways to keep you and your family healthy. All Premera plans offer comprehensive preventive care coverage, with many services covered in full. You'll pay the least out-of-pocket when you visit preferred or participating providers. However, you can still use an out-of-network provider if you're willing to pay more. The list below shows the most common preventive care services we cover*:

Covered Preventive Screenings*

Osteoporosis: Bone density screening

Breast Cancer: Mammogram

Colorectal Cancer: Colonoscopy or sigmoidoscopy

Diabetes: Glucose test

High Blood Pressure, Hypertension, Heart Disease, or Cholesterol: Lipid panel, lipoprotein, or cholesterol screening

Prostate Cancer: PSA Blood Test

Anemia: Hemoglobin (iron) test

Cervical Cancer: PAP Smear

Infectious and Sexually Transmitted Diseases: Antibody or antigen screening

Covered Immunizations

Hepatitis A and B
Herpes
HPV
Flu
Measles, Mumps and Rubella
Meningococcal and Pneumococcal
Tetanus, Diphtheria, Pertussis
Chicken Pox
Polio
Rotavirus
Shingles

Preventive Exams

Men's health exams
Women's health exams
Children/well baby exams
Routine & sports physicals

Traveling? We'll go with you

Your Premera member card is your passport to healthcare. With the BlueCard® nationwide network, you can go to more than 625,000 preferred providers and 8,000 healthcare facilities across the United States, including rural areas. With BlueCard Worldwide®, you can use a network of providers in more than 200 countries. Call 800-810-BLUE (2583) to find a provider.

Choosing a Provider

Your Premera provider network consists of preferred and participating providers. Most of the providers in the network are preferred. They are considered preferred because we've negotiated the lowest rates for their services. That means your coinsurance (the amount you pay) is the lowest with preferred providers.

When you use a provider in the Premera network:

- The provider accepts our allowable charges as payment in full.
- You don't need to fill out claim forms.
- You don't pay at the time of service and then wait to be paid back.

When you use a provider outside the Premera network:

- For most services, your coinsurance is higher than when you use an in-network provider.
- You pay any amount over the allowable charges.
- You pay at the time of service, fill out claim forms, and wait to be paid back.

Visit **premera.com** and select *Find a Doctor* for more information.

* A full list of preventive screenings, tests and other preventive services is available on premera.com. You can receive these preventive services covered in full if you use preferred or participating providers and are within the frequency, age, risk and gender guidelines outlined in the list.

Choosing a plan is easy

ACCESS: Coverage for the big stuff

- A low monthly rate
- No coinsurance for most services

SAFEGUARD and **SAFEGUARD III:** The security of knowing you're covered for the basics

- Value-priced rates
- Deductible waived for your first 2 office visits
- Generics-only drug coverage

PEAK and **PEAK III:** The broadest range of covered benefits

- Lower out-of-pocket costs for most services
- Deductible waived for your first 4 office visits
- Prescription drug coverage including brand name

ACTIVE HSA, ACTIVE HSA III and **SECURE HSA:** Coverage that helps you manage your healthcare expenses

- Opportunity for tax advantages (see page 10)
- Covers a wide range of healthcare services
- Prescription drug coverage

Our new **SafeGuard III**, **Peak III** and **Active HSA III** plans offer a range of deductible options and rates. For details, see Compare the Plans in this brochure.

STEP 1

Check out the plan descriptions to the left. Remember, all plans include preventive care—exams, screenings and immunizations—and a $2 million annual maximum.

STEP 2

For more details on the plans, take a look at pages 6 through 9.

STEP 3

When you're ready to look at rates, see the enclosed rate brochure.

STEP 4

After choosing a plan, contact your producer or fill out an enrollment application and send it to the address on the application. You can also apply online at **premera.com**.

Want help enrolling?

Talk to your producer about which health plan is right for you.

Apply online at premera.com: Get a quote, select a producer, fill out an application and submit it electronically on our secure site. Your producer can help you submit an online application.

OR

Apply by mail: Fill out a paper application and mail it to the address on the application.

Are you eligible?

To apply you must be a resident of Alaska and not eligible for Medicare. For more information about eligibility, please see the application.

Easy payment options

- **Automatic Fund Withdrawal:** Sign up to have us automatically take your monthly rate from your checking or savings account.
- **Credit Card:** After your first bill, you can begin paying with a credit or debit card.

Extra values and discounts

Online tools

As a Premera member, you can use the tools on our secure website to manage and improve your health. Our website offers a health assessment, treatment cost estimator, claims status, plan benefits, a symptom checker and more!

24-Hour NurseLine™

The free and confidential 24-Hour NurseLine has registered nurses who can answer your questions about symptoms and conditions. Plus they can give suggestions for home treatment and helpful advice on where to get care.

Health and care management programs

Premera offers a variety of information and services to support your health. This includes personal support from an outreach nurse when you have complex care needs.

24-hour coverage—on and off the job

As a Premera member, you'll get 24-hour coverage for **all enrolled family members**. This includes coverage for job conditions that aren't covered by workers' compensation or other industrial insurance provided by your employer.

Pharmacy discount program

Members on the Access Plan save instantly on many prescription drugs at participating retail pharmacies. Just show your Premera ID card! Visit **premera.com/ak/rxdiscount** for more information.

Extras! member discounts program

This program offers you a wide range of exclusive discounts on health products and services from top U.S. companies:

- **Weight management and nutrition**
- **Eye care services and hardware**
- **Family safety products**
- **Health and beauty products**

Extras! is a discount program only. Costs of program services and products do not count toward calendar year coinsurance maximums, lifetime maximums and/or plan deductibles. We reserve the right to discontinue or change the Extras! program at any time without notice. The above products are offered for sale at a discount price under the Extras! program. All representations and warranties, if any, regarding the products are solely those of the manufacturer. We make no claims, promises or recommendations regarding any of the products offered for sale under this program.

Compare the Plans

Deductible, coinsurance and copay amounts are what you p
Benefits apply after you meet your calendar year deductible,

MEDICAL BENEFITS	ACCESS			SAFEGUARD		
Provider Type >	In-Network Preferred	In-Network Participating	Out of Network	In-Network Preferred	In-Network Participating	Out of Network
Annual Deductible PCY (choose one)	Individual: $10,000			Individual: $2,500 / $5,000 / $7,500		
Annual Coinsurance Maximum PCY (once met, in-network providers covered in full)	Individual: $0		Unlimited	Individual: $5,000		Unlimited
Calendar Year Maximum	$2 Million			$2 Million		
COVERED SERVICES						
PREVENTIVE AND PROFESSIONAL CARE						
Preventive Care Exams (routine medical exam, men's and women's health exam, sports physical and well baby exam)	Covered in full			Covered in full		
Immunizations (unlimited)	Covered in full		Hospital-based services: deductible, then 60%. Otherwise covered in full.	Covered in full		Hospital-based services: deductible, then 60%. Otherwise covered in full.
Preventive Screenings/Services See **premera.com** for a full list of preventive screenings and services						
Office Visits, Urgent Care and Naturopathy	Deductible, then covered in full			DEDUCTIBLE WAIVED on first 2 visits (35% only). Subsequent visits subject to deductible, then 35%		
ALTERNATIVE CARE						
Spinal and Other Manipulations, and Acupuncture 12 visits PCY	Deductible, then covered in full			Deductible, then 35%		
DIAGNOSTIC SERVICES						
Outpatient Diagnostic X-ray and Lab Services	Deductible, then covered in full		Hospital-based services: deductible, then 60%. Otherwise deductible, then covered in full.	Deductible, then 35%		Hospital-based services: deductible, then 60%. Otherwise deductible, then 35%.
PHARMACY						
Retail & Mail Order Pharmacy [2] Retail up to 30-day supply. Drugs mandated by healthcare reform are covered in full. Visit premera.com for more information on drug lists and specialty pharmacy.	Not covered. Pharmacy discount program available[3]		Not covered	Generics Only (G2) drug list. Cost shares apply toward medical plan deductible. 20% for Preferred. 50% for Non-preferred.		Generics Only (G2) drug list. Medical plan deductible, then 50%.
EMERGENCY CARE						
Emergency Care (copay waived if direct admit to an inpatient facility)	Deductible, then covered in full			$100 copay per visit, then subject to deductible, then 35%		
Ambulance Transportation Air and Surface (unlimited) NEAA = Non-emergency air ambulance	Deductible, then covered in full		Deductible, then covered in full. NEAA: deductible, then 60%	Deductible, then 35%	Deductible, then 35%. NEAA: deductible, then 40%	Deductible, then 35%. NEAA: deductible, then 60%
FACILITY CARE						
Inpatient and Outpatient Facility Care	Deductible, then covered in full		Deductible, then 60%	Deductible, then 35%	Deductible, then 40%	Deductible, then 60%
Skilled Nursing Facility 20 days PCY						
OTHER SERVICES						
Supplies, Equipment and Prosthetics	Deductible, then covered in full		Hospital-based services: deductible, then 60%. Otherwise deductible, then covered in full.	Deductible, then 35%		Hospital-based services: deductible, then 60%. Otherwise deductible, then 35%
Home Health Care 130 visits PCY						
Hospice Care Inpatient: 10 days, Respite: 240 hours PCY						
Rehabilitation Outpatient: 15 visits PCY, Inpatient: 10 days PCY (includes Physical, Occupational, Speech, Massage Therapy; Chronic Pain; Cardiac & Pulmonary Rehab)			Outpatient: deductible, then covered in full. Inpatient: hospital-based services: deductible, then 60%. Otherwise deductible, then covered in full			Outpatient: deductible, then 35%. Inpatient: hospital-based services: deductible, then 60%. Otherwise deductible, then 35%
Transplants (Organ and Bone Marrow) $75,000 donor and $7,500 travel max per transplant. 12-month benefit exclusion period	Deductible, then covered in full		Not covered	Deductible, then 35%		Not covered

[1] Family = Individual plus one or more family members.

[2] In-network coverage for mail services is only available through Express Scripts Home Delivery with up to a 90-day supply. Other pharmacy mail service available up to 30-day supply.

[3] See **premera.com/ak/rxdiscount** for more information.

[4] Medicines with many over-the-counter (OTC) alternatives and brand-name drugs with generic alternatives are not on the Select Drug List. These medicines are not covered. Examples include cough and cold medicines, antihistamines and heartburn/acid reflux medicines. Certain preventive generic drugs are covered in full.

ay. All coinsurance amounts are based on allowable charges.
, unless you see "deductible waived," "copay" or "covered in full."

SAFEGUARD III			PEAK			PEAK III		
In-Network		Out of Network	In-Network		Out of Network	In-Network		Out of Network
Preferred	Participating		Preferred	Participating		Preferred	Participating	
Individual: $3,000 / $6,000			Individual: $1,000 / $2,500 / $5,000 / $7,500 Family[1]: $2,000 / $5,000 / $10,000 / $15,000			Individual: $3,000 / $6,000 Family[1]: $6,000 / $12,000		
Individual: $5,000		Unlimited	Individual: $3,000		Unlimited	Individual: $3,000		Unlimited
$2 Million			$2 Million			$2 Million		
Covered in full		Deductible, then 60%	Covered in full		Hospital-based services: deductible, then 60%. Otherwise covered in full.	Covered in full		Deductible, then 60%
DEDUCTIBLE WAIVED on first 2 visits (coinsurance only). Subsequent visits subject to deductible, then coinsurance			DEDUCTIBLE WAIVED on first 4 visits (20% only). Subsequent visits subject to deductible, then 20%			DEDUCTIBLE WAIVED on first 4 visits (coinsurance only). Subsequent visits subject to deductible, then coinsurance		
35% coinsurance	40% coinsurance	60% coinsurance				20% coinsurance	40% coinsurance	60% coinsurance
Deductible, then 35%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%			Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
Deductible, then 35%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%		Hospital-based services: deductible, then 60%. Otherwise deductible, then 20%.	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
Generics Only (G2) drug list. Cost shares apply toward medical plan deductible. 20% for Preferred. 50% for Non-preferred.		Generics Only (G2) drug list. Medical plan deductible, then 50%.	Select (C4) drug list[4]. $250 Rx deductible applies to preferred brand and non-preferred brand drugs. Generic:20%; Preferred brand: 35%; Non-preferred brand: 50%.		Select (C4) drug list[4]. $250 Rx deductible, then 50%.	Select drug (C4) list[4]. $250 Rx deductible applies to preferred brand and non-preferred brand drugs. Generic:20%; Preferred brand: 35%; Non-preferred brand: 50%.		Select drug (C4) list[4]. $250 Rx deductible, then 50%.
$100 copay per visit, then subject to deductible, then 35%			$100 copay per visit, then subject to deductible, then 20%			$100 copay per visit, then subject to deductible, then 20%		
Deductible, then 35%	Deductible, then 35%. NEAA: deductible, then 40%	Deductible, then 35%. NEAA: deductible, then 60%	Deductible, then 20%	Deductible, then 20%. NEAA: deductible, then 40%	Deductible, then 20%. NEAA: deductible, then 60%	Deductible, then 20%	Deductible, then 20%. NEAA: deductible, then 40%	Deductible, then 20%. NEAA: deductible, then 60%
Deductible, then 35%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
Deductible, then 35%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%		Hospital-based services: deductible, then 60%. Otherwise deductible, then 20%.	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
					Outpatient: deductible, then 20%. Inpatient: hospital-based services: deductible, then 60%. Otherwise deductible, then 20%			
Deductible, then 35%	Deductible, then 40%	Not covered	Deductible, then 20%		Not covered	Deductible, then 20%	Deductible, then 40%	Not covered

This is only a summary of the major benefits provided by our plans. This is not a contract.

Compare HSA Plans

MEDICAL BENEFITS	ACTIVE HSA			ACTIVE HSA III		
Provider Type >	In-Network		Out of Network	In-Network		Out of Network
	Preferred	Participating		Preferred	Participating	
Annual Deductible PCY (choose one)	Individual: $2,500 / Family:[1] $5,000			Individual: $3,250 / Family:[1] $6,450		
Annual Coinsurance Maximum PCY (once met, in-network providers covered in full)	Individual: $3,000 Family:[1] $6,000		Unlimited	Individual: $3,000 Family:[1] $6,000		Unlimited
Calendar Year Maximum	$2 Million			$2 Million		
COVERED SERVICES						
PREVENTIVE AND PROFESSIONAL CARE						
Preventive Care Exams (routine medical exam, men's and women's health exam, sports physical and well baby exam)	Covered in full			Covered in full		Deductible, then 60%
Immunizations (unlimited)	Covered in full		Hospital-based services: deductible, then 60%. Otherwise covered in full.			
Preventive Screenings/Services See **premera.com** for a full list of preventive screenings and services						
Office Visits, Urgent Care and Naturopathy	Deductible, then 20%			Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
ALTERNATIVE CARE						
Spinal and Other Manipulations, and Acupuncture 12 visits PCY	Deductible, then 20%			Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
DIAGNOSTIC SERVICES						
Outpatient Diagnostic X-ray and Lab Services	Deductible, then 20%		Hospital-based services: deductible, then 60%. Otherwise deductible, then 20%.	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
PHARMACY						
Retail & Mail Order Pharmacy [2] Retail up to 30-day supply. Drugs mandated by healthcare reform are covered in full. Visit premera.com for more information on drug lists and specialty pharmacy.	Generics Only (G2) drug list. Cost shares apply toward medical plan deductible. 20% for Preferred, 50% for Non-preferred.		Generics Only (G2) drug list. Medical plan deductible, then 50%.	Generics Only (G2) drug list. Cost shares apply toward medical plan deductible. 20% for Preferred. 50% for Non-preferred.		Generics Only (G2) drug list. Medical plan deductible, then 50%.
EMERGENCY CARE						
Emergency Care	Deductible, then 20%			Deductible, then 20%		
Ambulance Transportation Air and Surface (unlimited) NEAA = Non-emergency air ambulance exception	Deductible, then 20%	Deductible, then 20%. NEAA: deductible, then 40%	Deductible, then 20%. NEAA: deductible, then 60%	Deductible, then 20%	Deductible, then 20%. NEAA: deductible, then 40%	Deductible, then 20%. NEAA: deductible, then 60%
FACILITY CARE						
Inpatient and Outpatient Facility Care	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
Skilled Nursing Facility 20 days PCY						
OTHER SERVICES						
Supplies, Equipment and Prosthetics	Deductible, then 20%		Hospital-based services: deductible, then 60%. Otherwise deductible then 20%.	Deductible, then 20%	Deductible, then 40%	Deductible, then 60%
Home Health Care 130 visits PCY						
Hospice Care Inpatient: 10 days, Respite: 240 hours PCY						
Rehabilitation Outpatient: 15 visits PCY, Inpatient: 10 days PCY (includes Physical, Occupational, Speech, Massage Therapy; Chronic Pain; Cardiac & Pulmonary Rehab)			Outpatient: deductible, then 20%. Inpatient: hospital-based services: deductible, then 60%. Otherwise deductible, then 20%			
Transplants (Organ and Bone Marrow) $75,000 donor and $7,500 travel max per transplant. 12-month benefit exclusion period	Deductible, then 20%		Not covered	Deductible, then 20%	Deductible, then 40%	Not covered

[1] Family = Individual plus one or more family members. Services for all family members covered under the same HSA-qualified plan apply to the family deductible. You must meet the family deductible before the plan will cover services for any enrolled family members.

[2] In-network coverage for mail services is only available through Express Scripts Home Delivery with up to a 90-day supply. Other pharmacy mail service available up to 30-day supply.

SECURE HSA		
In-Network		Out of Network
Preferred	Participating	
Individual: $5,500 / Family:[1] $11,000		
Individual: $0 Family:[1] $0		Unlimited
$2 Million		
Covered in full		
Covered in full		Hospital-based services: deductible, then 60%. Otherwise covered in full.
Deductible, then covered in full		
Deductible, then covered in full		
Deductible, then covered in full		Hospital-based services: deductible, then 60%. Otherwise deductible, then covered in full.
Select (C4) drug list. Cost shares apply toward medical plan deductible and out-of-pocket max. Deductible, then covered in full.		Select (C4) drug list. Medical plan deductible, then 50%.
Deductible, then covered in full		
Deductible, then covered in full		Deductible, then covered in full. NEAA: deductible, then 60%
Deductible, then covered in full		Deductible, then 60%
Deductible, then covered in full		Hospital-based services: deductible, then 60%. Otherwise deductible, thencovered in full.
		Outpatient: deductible, then covered in full. Inpatient: hospital-based services: deductible, then 60%. Otherwise deductible, then covered in full
Deductible, then covered in full		Not covered

PCY = Per Calendar Year

Deductible, coinsurance and copay amounts are what you pay. All coinsurance amounts are based on allowable charges. Benefits apply after you meet your calendar year deductible, unless you see "deductible waived," "copay" or "covered in full."

A few key definitions to help you understand how your plan works.

Allowable charges: The most your plan allows for a service, often a fee that Premera negotiates with in-network providers.

Annual coinsurance maximum:
A preset limit on the amount you pay for covered expenses in a calendar year. After you pay this amount, your plan pays at 100% of the allowable charges from preferred and participating providers.

Covered in full: This means that your plan pays for a service in full. We pay 100% of the amount allowed. This is not subject to deductible or coinsurance.

Deductible: The amount of money you pay each year before the plan pays for certain services.

Network: A group of doctors, hospitals and other healthcare providers that have contracted to provide services and supplies at negotiated amounts called "allowable charges." Using network providers can save you money because they accept these allowable charges as payment in full even if lower than their normal rates.

Provider: Your doctor or other healthcare specialist. This can also refer to a hospital or other healthcare facility.

Self-employed?
We've got some good news…

…the cost of your healthcare coverage may be tax-deductible. Ask your tax advisor if you qualify.

Manage your money the easy way

Premera Health Savings Account (HSA) plans offer great comprehensive medical coverage and dedicated customer service while providing you the opportunity to save for your medical expenses.

More than a medical plan— it's a financial plan, too

A Premera HSA-qualified health plan might be the right fit if you want to:

- Save and invest for future healthcare expenses.
- Decrease the amount of taxes you pay.

How to enroll

STEP 1: Apply for a Premera HSA-qualified health plan. Apply for a qualified high-deductible plan such as an Active HSA, Active HSA III or Secure HSA plan.

STEP 2: Open an HSA bank account. Premera works with UMB Bank to give you an integrated banking experience. To open your account, call us at 888-669-2583, or contact your producer.

STEP 3: Start adding to your HSA account. Watch your money grow year after year. You can manage your HSA online by logging into **premera.com**.

What is a Health Savings Account (HSA)?

An HSA is a bank account that you set up, manage and fund. It lets you save money to pay for your healthcare on a pre-tax basis and works in combination with HSA-qualified health plans. Before you can open an HSA, you must first be covered by a qualified high-deductible health plan.

What are the benefits of having an HSA?

With your HSA bank account, you put money in and take it out, just like you would with a regular savings account. The difference is the money may be tax-free if you use it to cover qualified medical expenses. Your HSA can give you a triple tax advantage:

- Your money goes in on a tax-advantaged basis.
- Money can be withdrawn tax-free when used to pay for qualified medical expenses.
- Funds you don't use rollover from year to year and grow tax-deferred. An HSA offers interest and investment options. Once you meet the minimum balance you can invest in mutual fund families. And you can save up your HSA funds for future healthcare expenses, including costs after retirement.

We offer integrated banking through UMB Bank, n.a., a member of the FDIC. Founded in 1913 and an industry leader in financial healthcare accounts since 1997, UMB Bank is one of the largest independent banks in America. Your account offers:

- A healthcare payment (debit) card.
- 24/7 online access, giving you the added convenience to track and manage your qualified healthcare expenses.

You can use other qualified banks, as well.

This material is not intended to provide tax or legal advice. Individuals and families should consult with their own legal and tax advisors. For detailed information on HSAs, see IRS Publication 969, "Health Savings Accounts and Other Tax-Favored Health Plans," at www.irs.gov.

General Exclusions & Limitations

Benefit plans typically have exclusions and limitations—things the plans limit or do not cover. The following are general exclusions and limitations for the benefit plans described in this brochure:

What is limited or not covered

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

- Allergy testing, injections, serums and supplies are not covered on the SafeGuard and SafeGuard III plans. There is a 12-month benefit exclusion period for these on our other plans.
- Any disease, ailment or condition excluded by rider.
- Chemical dependency.
- Complications of non-covered services.
- Conditions arising from acts of war, or service in the military.
- Conditions arising from the enrollee's commission of a felony or act of terrorism.
- Cosmetic or reconstructive surgery (except as specifically provided).
- Dental services (except as specifically provided).
- Experimental or investigative services.
- Infertility.
- Learning disorders.
- Maternity or obstetrical care, except for complications of pregnancy.
- Mental or psychiatric conditions.
- Neurodevelopmental disabilities.
- Obesity/morbid obesity, including surgery, drugs, foods and exercise programs.
- Orthognathic surgery.
- Orthotics, except for treatment of diabetes.
- Over-the-counter or non-prescription drugs.
- Private room charges.
- Reversal of sterilization.
- Services in excess of specified benefit maximums.
- Services payable by other types of insurance coverage.
- Services received when you are not covered by this plan.
- Sexual dysfunction.
- Temporomandibular joint (TMJ) disorder.
- Routine vision exams and eyewear.
- Work-related conditions for which you are eligible for benefits from other sources.

Pre-existing condition waiting periods

There is a 12-month waiting period for pre-existing conditions. A pre-existing condition is one that was diagnosed, or for which care, treatment or advice was received or recommended, in the 12 months prior to the effective date of your Premera plan. There are no waiting periods for children under 19.

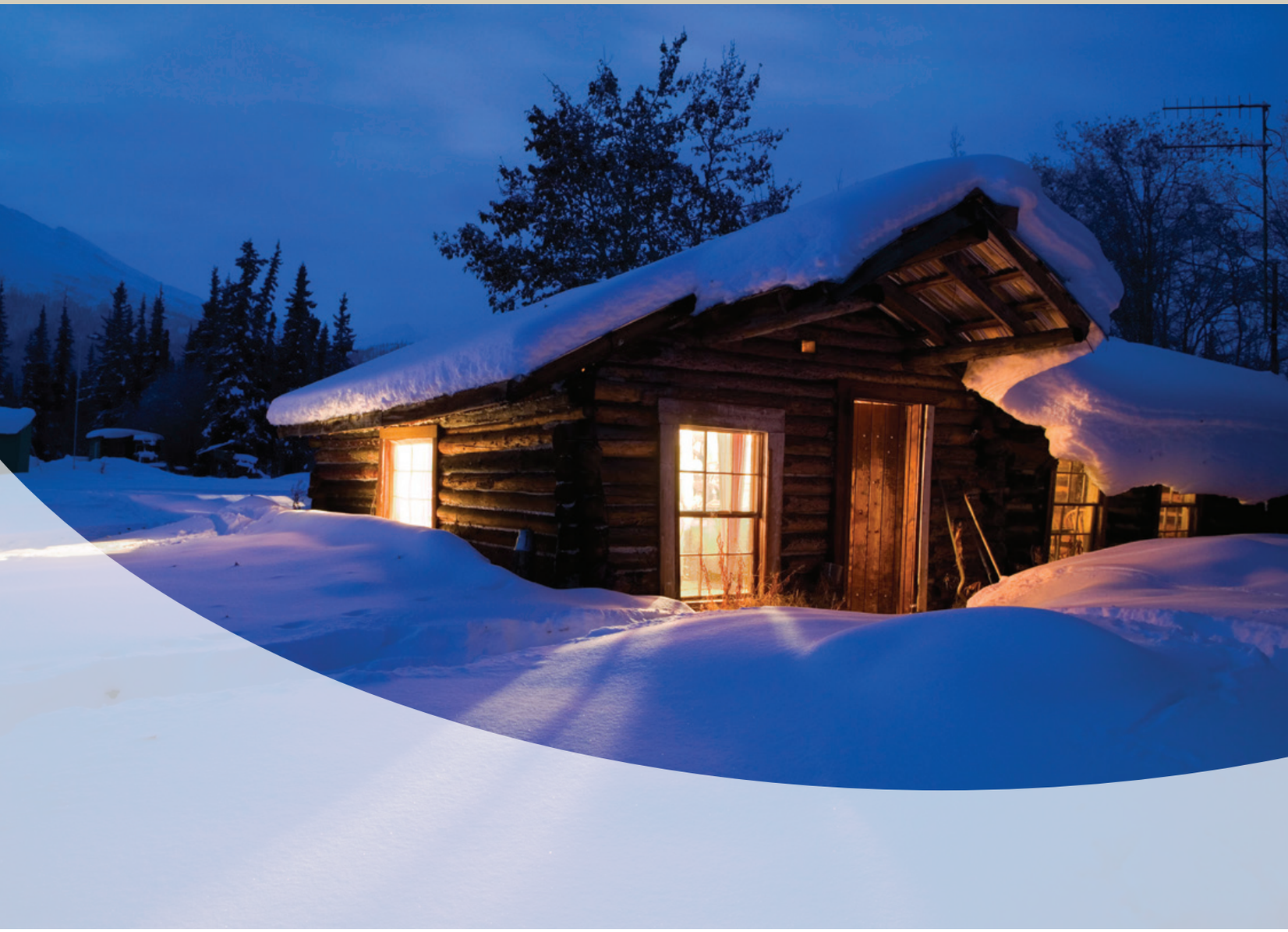
Benefit exclusion periods

There is a benefit exclusion period for transplants, allergy testing and allergy treatment. A benefit exclusion period is a time when the plan does not cover certain treatment or services. These benefits are not available until you have been covered by this contract for 12 months in a row. The benefit exclusion period begins on your effective date of coverage. After this period, the plan may cover services depending on the contract terms, including deductibles, coinsurance and benefit maximums.

For a complete list of exclusions and limitations visit **premera.com**.

A Supplemental Guide that shares information about Privacy Policies, Provider Organization, Key Utilization Management Procedures and Pharmaceutical Management Procedures is available at **premera.com**.

We know the territory.



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