

# 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](http://premera.com) or the Premera mobile app:
  - a. Preferred Provider Network: Heritage
  - b. Group #: 4002446
  - c. Claims Processor/Administrator: Premera Blue Cross
  - d. 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.

## Looking up Preferred Providers:

1. Go to [Premera's website](http://premera.com)
2. Click on “Find a Doctor”
3. Click on “Find a Doctor/Specialist”
4. Enter search parameters
5. Select “Heritage & Heritage Plus 1” and “Bluecard PPO”

## Why use a Preferred Provider?

- Preferred provider fees are discounted
- Benefit level is higher (80% versus 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**

## 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 [Premera's website](#) or use Premera's **mobile app**.

## 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.)*