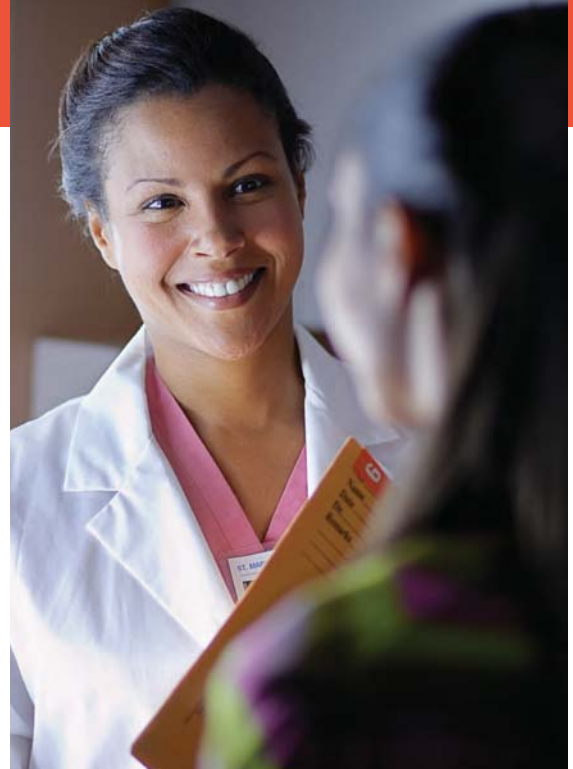


# Make sure you're covered

Don't be surprised by a medical bill you weren't expecting.



Did you know that many services and procedures require an OK for coverage from Premera **before** you get them? This is called **prior authorization**, and it helps you:

- Find out if you're covered by your benefits **before** you have your scheduled procedure
- Avoid inappropriate or unnecessary medical treatment
- Save money and avoid extra costs
- Get an estimate of your out-of-pocket costs before you go

Premera uses a team of experienced doctors, nurses, and healthcare analysts to determine if a medical procedure is appropriate and supported by clinical best practices.

## Doctors who are in the Premera network can request prior authorization for you

Healthcare providers who are in the Premera network are familiar with the process for getting prior authorization. They can contact Premera on your behalf. In-network doctors have all of the medical information needed to ask that your medical service be reviewed and approved for coverage.

## What happens if your doctor doesn't request prior authorization

If your doctor gives you a service that requires prior authorization without requesting one, you may have to pay part or all of the cost, above your usual cost shares.

**To avoid extra costs always ask your healthcare provider to request prior authorization before you have a planned medical service.** The list on the back shows some services and procedures that require prior authorization.

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