

2019 Medical, Dental and Vision High Level Summary

Premera Blue Cross Preferred Choice PPO

- In-network \$4,000 deductible individual
- Out of pocket in-network limit \$6,850 individual
- In-network provider copay \$35
- \$15 copay generic drugs, \$35 copay brand drugs
- Dental in network \$50 deductible; \$1,000 maximum
- Routine eye exam \$25 copay
- Vision hardware \$150 every 2 consecutive calendar years