



## Regence makes it easy

Regence BlueShield is changing the way people experience health care by removing friction from the system and making it easier to navigate. When you have Regence as your health plan, you get a partner who will guide you every step of the way. We're here to help you enroll, understand your benefits, save money, choose a doctor, manage your health and get answers to all your questions.

### Built right in

All our plans come with some really cool things:

**A huge network that saves you money:** You'll have local and worldwide access to great doctors, hospitals and medical centers. Our networks offer you stability, discounts on care and tons of choices.

**Telehealth options that fit your needs:** You don't have to leave the house to see a doctor. Your Regence health plan includes care-on-demand telehealth, which gives you access to virtual doctor visits from the comfort of home—24 hours a day, 7 days a week, 365 days a year. Telehealth doctors can treat common health conditions from pink eye, rashes and ear infections to anxiety and depression. They can even send a prescription to your local pharmacy.

**Transparency tools:** Our Cost Estimator, Find a Doctor search, explanation of benefits publications and other online tools at [regence.com](https://www.regence.com) give you the power to be a smart health care consumer.

**Preventive care:** Staying well is so important that every plan we sell covers a wide range of in-network preventive services—including birth control—at 100%.

**Prescription drugs:** Whether you need only the occasional antibiotic or are on regular medications, we make it easy to get your meds at a pharmacy near you.

**Discounts and more:** Save on health-related goods and services and access to an array of wellness programs.

**Award-winning Customer Service:** Have questions? Our friendly customer service professionals look forward to helping you.

This is a brief summary of benefits, it is not a certificate of coverage. For full coverage provisions, including limitations, and exclusions, refer to the benefits brochure. If there is a discrepancy between the plan benefit booklets, the SBCs or this document, the benefit booklets will be honored as the correct plan benefits.

MDLIVE is a separate and independent company that provides telehealth services for Regence members.



January–December 2021 Medical Comparison



Plan Options	Pinnacle 250 Innova 80/60/\$25		Pinnacle 500 Innova 80/60/\$25		Pinnacle 1000 Innova 80/60/\$30		Pinnacle 1500 Innova 80/60/\$30	
Annual Deductible (Individual/Family)	\$250/\$500		\$500/\$1,000		\$1,000/\$2,000		\$1,500/\$3,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000		\$3,000/\$6,000		\$4,500/\$9,000		\$5,000/\$10,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	80%	60%	80%	60%	80%	60%	80%	60%
ER Copay (waived if admitted)	\$250		\$250		\$250		\$250	
Physician Office Visit	100% \$25 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 60%	100% \$25 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 60%	100% \$30 copay	Cat. 2: 100% \$45 copay Cat. 3: ded. then 60%	100% \$30 copay	Cat. 2: 100% \$45 copay Cat. 3: ded. then 60%
Preventive Care (ded. waived Cat. 1 & 2)	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%
Telehealth Visit (MDLIVE)	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray	80%	60%	80%	60%	80%	60%	80%	60%
First \$600: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$600: ded. applies, then coinsurance	80%	60%	80%	60%	80%	60%	80%	60%
Chiropractic (ded. waived Cat. 1 & 2)	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 24 manipulations PCY		Up to 24 manipulations PCY		Up to 24 manipulations PCY		Up to 24 manipulations PCY	
Acupuncture	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY	
Rehabilitation Inpatient: 30 days PCY	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient (ded. waived Cat. 1 & 2): 25 visits PCY	80%	60%	80%	60%	80%	60%	80%	60%
Mental Health/Substance Abuse Inpatient	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%
Outpatient (ded. waived Cat. 1 & 2)	100% \$25 copay	Cat. 2: 100% \$25 copay Cat. 3: ded. then 60%	100% \$25 copay	Cat. 2: 100% \$25 copay Cat. 3: ded. then 60%	100% \$30 copay	Cat. 2: 100% \$30 copay Cat. 3: ded. then 60%	100% \$30 copay	Cat. 2: 100% \$30 copay Cat. 3: ded. then 60%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans								
Retail (30-day)	\$10/\$30/\$50		\$10/\$30/\$50		\$10/\$30/\$50		\$10/\$30/\$50	
Mail (90-day)	\$20/\$60/\$100		\$20/\$60/\$100		\$20/\$60/\$100		\$20/\$60/\$100	
Specialty Medications	50%		50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

January–December 2021 Medical Comparison



Plan Options	Traverse 500 PPO 80/60/\$30		Traverse 750 PPO 80/60/\$30		Traverse 1000 PPO 80/60/\$35		Traverse 1500 PPO 80/60/\$35	
Annual Deductible (Individual/Family)	\$500/\$1,000		\$750/\$1,500		\$1,000/\$2,000		\$1,500/\$3,000	
Out-of-Pocket Maximum (Individual/Family)	\$4,000/\$8,000		\$4,500/\$9,000		\$5,000/\$10,000		\$5,500/\$11,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	80%	60%	80%	60%	80%	60%	80%	60%
ER Copay (waived if admitted)	\$300		\$300		\$300		\$300	
Physician Office Visit (ded. waived Cat. 1 & 2)	100% \$30 copay/ \$45 specialist	Cat. 2: 100% \$30 copay/ \$45 specialist Cat. 3: ded. then 60%	100% \$30 copay/ \$45 specialist	Cat. 2: 100% \$30 copay/ \$45 specialist Cat. 3: ded. then 60%	100% \$35 copay/ \$50 specialist	Cat. 2: 100% \$35 copay/ \$50 specialist Cat. 3: ded. then 60%	100% \$35 copay/ \$50 specialist	Cat. 2: 100% \$35 copay/ \$50 specialist Cat. 3: ded. then 60%
Preventive Care (ded. waived Cat. 1 & 2)	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%
Telehealth Visit (MDLIVE)	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray	80%	60%	80%	60%	80%	60%	80%	60%
First \$500: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$500: ded. applies, then coinsurance	80%	60%	80%	60%	80%	60%	80%	60%
Chiropractic	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 18 manipulations PCY (ded. waived Cat. 1 & 2)		Up to 18 manipulations PCY (ded. waived Cat. 1 & 2)		Up to 18 manipulations PCY (ded. waived Cat. 1 & 2)		Up to 18 manipulations PCY	
Acupuncture	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY	
Rehabilitation Inpatient: 30 days PCY	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient: 25 visits PCY	80%	60%	80%	60%	80%	60%	80%	60%
	For outpatient only: ded. waived Cat. 1 & 2		For outpatient only: ded. waived Cat. 1 & 2		For outpatient only: ded. waived Cat. 1 & 2			
Mental Health/Substance Abuse Inpatient	80%	Cat. 2: 80% Cat. 3: ded. then 60%	80%	Cat. 2: 80% Cat. 3: ded. then 60%	80%	Cat. 2: 80% Cat. 3: ded. then 60%	80%	Cat. 2: 80% Cat. 3: ded. then 60%
Outpatient (ded. waived Cat. 1 & 2)	100% \$30 copay	Cat. 2: 100% \$30 copay Cat. 3: ded. then 60%	100% \$30 copay	Cat. 2: 100% \$30 copay Cat. 3: ded. then 60%	100% \$35 copay	Cat. 2: 100% \$35 copay Cat. 3: ded. then 60%	100% \$35 copay	Cat. 2: 100% \$35 copay Cat. 3: ded. then 60%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans								
Retail (30-day)	\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$40/\$60	
Mail (90-day)	\$20/\$80/\$120		\$20/\$80/\$120		\$20/\$80/\$120		\$20/\$80/\$120	
Specialty Medications	50%		50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

Plan Options	Traverse 2000 PPO 80/60/\$35		Traverse 2500 PPO 80/60/\$35		Traverse 3000 80/60/\$35	
Annual Deductible (Individual/Family)	\$2,000/\$4,000		\$2,500/\$5,000		\$3,000/\$6,000	
Out-of-Pocket Maximum (Individual/Family)	\$6,500/\$13,000		\$7,000/\$14,000		\$7,500/\$15,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	80%	60%	80%	60%	80%	60%
ER Copay (waived if admitted)	\$300		\$300		\$300	
Physician Office Visit (ded. waived Cat. 1 & 2)	100% \$35 copay/ \$50 specialist	Cat. 2: 100% \$35 copay/\$50 specialist Cat. 3: ded. then 60%	100% \$35 copay/ \$50 specialist	Cat. 2: 100% \$35 copay/\$50 specialist Cat. 3: ded. then 60%	100% \$35 copay/ \$50 specialist	Cat. 2: 100% \$35 copay/\$50 specialist Cat. 3: ded. then 60%
Preventive Care (ded. waived Cat. 1 & 2)	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%	100%	Cat. 2: 100% Cat. 3: ded. then 60%
Telehealth Visit (MDLIVE)	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray	80%	60%	80%	60%	80%	60%
First \$500: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%
After \$500: ded. applies, then coinsurance	80%	60%	80%	60%	80%	60%
Chiropractic	80%	60%	80%	60%	80%	60%
	Up to 18 manipulations PCY		Up to 18 manipulations PCY		Up to 18 manipulations PCY	
Acupuncture	80%	60%	80%	60%	80%	60%
	Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY	
Rehabilitation Inpatient: 30 days PCY	80%	60%	80%	60%	80%	60%
Outpatient: 25 visits PCY	80%	60%	80%	60%	80%	60%
Mental Health/Substance Abuse Inpatient	80%	Cat. 2: 80% Cat. 3: ded. then 60%	80%	Cat. 2: 80% Cat. 3: ded. then 60%	80%	Cat. 2: 80% Cat. 3: ded. then 60%
Outpatient (ded. waived Cat. 1 & 2)	100% \$35 copay	Cat. 2: 100% \$35 copay Cat. 3: ded. then 60%	100% \$35 copay	Cat. 2: 100% \$35 copay Cat. 3: ded. then 60%	100% \$35 copay	Cat. 2: 100% \$35 copay Cat. 3: ded. then 60%
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Prescription Drug Plans						
Retail (30-day)	\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$40/\$60	
Mail (90-day)	\$20/\$80/\$120		\$20/\$80/\$120		\$20/\$80/\$120	
Specialty Medications	50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

Plan Options	Ascent 2000 70/50/\$40		Ascent 2500 70/50/\$40		Ascent 3000 PPO 70/50/\$40		Ascent 5000 PPO 70/50/\$40	
Annual Deductible (Individual/Family)	\$2,000/\$4,000		\$2,500/\$5,000		\$3,000/\$6,000		\$5,000/\$10,000	
Out-of-Pocket Maximum (Individual/Family)	\$6,500/\$13,000		\$7,000/\$14,000		\$7,000/\$14,000		\$7,500/\$15,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	70%	50%	70%	50%	70%	50%	70%	50%
ER Copay	\$300		\$300		\$300		\$300	
Physician Office Visit	100% \$40 copay \$55 specialist	Cat. 2: 100% \$40 copay/\$55 specialist Cat. 3: ded. then 50%	100% \$40 copay \$55 specialist	Cat. 2: 100% \$40 copay/\$55 specialist Cat. 3: ded. then 50%	100% \$40 copay \$55 specialist	Cat. 2: 100% \$40 copay/\$55 specialist Cat. 3: ded. then 50%	100% \$40 copay \$55 specialist	Cat. 2: 100% \$40 copay/\$55 specialist Cat. 3: ded. then 50%
Preventive Care (ded. waived)	100%	Cat. 2: 100% Cat. 3: ded. then 50%	100%	Cat. 2: 100% Cat. 3: ded. then 50%	100%	Cat. 2: 100% Cat. 3: ded. then 50%	100%	Cat. 2: 100% Cat. 3: ded. then 50%
Telehealth Visit (MDLIVE)	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray	70%	50%	70%	50%	70%	50%	70%	50%
First \$400: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$400: ded. applies, then coinsurance	70%	50%	70%	50%	70%	50%	70%	50%
Chiropractic	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%
	Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay (Cat. 1 & 2 only)		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay (Cat. 1 & 2 only)		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay (Cat. 1 & 2 only)		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay (Cat. 1 & 2 only)	
Acupuncture	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%	100% \$55 copay	Cat. 2: 100% \$55 copay Cat. 3: ded. then 50%
	Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay (Cat.1 & 2 only)		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay (Cat.1 & 2 only)		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay (Cat.1 & 2 only)		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay (Cat.1 & 2 only)	
Rehabilitation Inpatient: 30 days PCY	70%	50%	70%	50%	70%	50%	70%	50%
Outpatient: 25 visits PCY	70%	50%	70%	50%	70%	50%	70%	50%
Mental Health/Substance Abuse Inpatient	70%	Cat. 2: 70% Cat. 3: ded. then 50%	70%	Cat. 2: 70% Cat. 3: ded. then 50%	70%	Cat. 2: 70% Cat. 3: ded. then 50%	70%	Cat. 2: 70% Cat. 3: ded. then 50%
Outpatient	100% \$40 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 50%	100% \$40 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 50%	100% \$40 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 50%	100% \$40 copay	Cat. 2: 100% \$40 copay Cat. 3: ded. then 50%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans								
Retail (30-day)	\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$40/\$60		\$10/\$40/\$60	
Mail (90-day)	\$20/\$80/\$120		\$20/\$80/\$120		\$20/\$80/\$120		\$20/\$80/\$120	
Specialty Medications	50%		50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

# January–December 2021 Medical Comparison



Plan Options	Traverse HSA 1500 HSA 2.0 1500		Traverse HSA 2500 HSA 2.0 2500		Traverse HSA 3500 HSA 2.0 3500		Ascent HSA 5000 HSA 2.0 5000	
Annual Deductible (Individual/Family)	\$1,500/\$3,000		\$2,500/\$5,000		\$3,500/\$7,000		\$5,000/\$10,000	
Out-of-Pocket Maximum (Individual/Family)	\$4,000/\$8,000		\$5,000/\$10,000		\$6,000/\$12,000		\$6,500/\$13,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	80%	60%	80%	60%	80%	60%	80%	60%
ER Copay	N/A		N/A		N/A		N/A	
Physician Office Visit	80%	60%	80%	60%	80%	60%	80%	60%
Preventive Care (ded. waived)	100%	Cat. 2: 100% Cat. 3: 60%	100%	Cat. 2: 100% Cat. 3: 60%	100%	Cat. 2: 100% Cat. 3: 60%	100%	Cat. 2: 100% Cat. 3: 60%
Telehealth Visit (MDLIVE)	\$0 copay after ded.	Not covered	\$0 copay after ded.	Not covered	\$0 copay after ded.	Not covered	\$0 copay after ded.	Not covered
Diagnostic Lab & X-Ray	80%	60%	80%	60%	80%	60%	80%	60%
Chiropractic	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 10 manipulations PCY		Up to 10 manipulations PCY		Up to 10 manipulations PCY		Up to 10 manipulations PCY	
Acupuncture	80%	60%	80%	60%	80%	60%	80%	60%
	Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY		Up to 12 visits PCY	
Rehabilitation Inpatient: 30 days PCY	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient: 25 visits PCY	80%	60%	80%	60%	80%	60%	80%	60%
Mental Health/Substance Abuse Inpatient	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%
Outpatient	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%	80%	Cat. 2: 80% Cat. 3: 60%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
HSA Prescription Drug Plans	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Retail (30-day)	80%		80%		80%		80%	
Mail (90-day)	80%		80%		80%		80%	
Specialty Medications	N/A		N/A		N/A		N/A	
MAC Policy	MAC C - Voluntary		MAC C - Voluntary		MAC C - Voluntary		MAC C - Voluntary	

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

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