

# January–December 2023 Medical Comparison



| Plan Options                                       | Pinnacle 250<br>Innova 80/60/\$25 |  | Pinnacle 500<br>Innova 80/60/\$25 |  | Pinnacle 1000<br>Innova 80/60/\$30 |  | Pinnacle 1500<br>Innova 80/60/\$30 |  |
|--|-----------------------------------|--|-----------------------------------|--|------------------------------------|--|------------------------------------|--|
|  | Category 1                        | Category 2 & 3   | Category 1                        | Category 2 & 3   | Category 1                         | Category 2 & 3   | Category 1                         | Category 2 & 3   |
| 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%<br>\$25 copay                | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$25 copay                | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$30 copay                 | Cat. 2: 100%<br>\$45 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$30 copay                 | Cat. 2: 100%<br>\$45 copay<br>Cat. 3: ded.<br>then 60% |
| Preventive Care (ded. waived Cat. 1 & 2)           | 100%                              | Cat. 2: 100%<br>Cat. 3: ded.<br>then 60%               | 100%                              | Cat. 2: 100%<br>Cat. 3: ded.<br>then 60%               | 100%                               | Cat. 2: 100%<br>Cat. 3: ded.<br>then 60%               | 100%                               | Cat. 2: 100%<br>Cat. 3: ded.<br>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%  |
| Acupuncture  | Up to 24 manipulations PCY        |  | Up to 24 manipulations PCY        |  | Up to 24 manipulations PCY         |  | Up to 24 manipulations 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%<br>Cat. 3: 60%                             | 80%                               | Cat. 2: 80%<br>Cat. 3: 60%                             | 80%                                | Cat. 2: 80%<br>Cat. 3: 60%                             | 80%                                | Cat. 2: 80%<br>Cat. 3: 60%                             |
| Outpatient (ded. waived Cat. 1 & 2)                | 100%<br>\$25 copay                | Cat. 2: 100%<br>\$25 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$25 copay                | Cat. 2: 100%<br>\$25 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$30 copay                 | Cat. 2: 100%<br>\$30 copay<br>Cat. 3: ded.<br>then 60% | 100%<br>\$30 copay                 | Cat. 2: 100%<br>\$30 copay<br>Cat. 3: ded.<br>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 2023 Medical Comparison



| Plan Options   | Traverse 500<br>PPO 80/60/\$30                      |   | Traverse 750<br>PPO 80/60/\$30                      |   | Traverse 1000<br>PPO 80/60/\$35                     |   | Traverse 1500<br>PPO 80/60/\$35               |   |
|--|---|---|---|---|---|---|---|---|
|  | Category 1  | Category 2 & 3  | Category 1  | Category 2 & 3  | Category 1  | Category 2 & 3  | Category 1                                    | Category 2 & 3  |
| 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% copay/<br>\$30 copay/<br>\$45 specialist       | Cat. 2: 100%<br>\$30 copay/<br>\$45 specialist<br>Cat. 3: ded. then 60% | 100% copay/<br>\$30 copay/<br>\$45 specialist       | Cat. 2: 100%<br>\$30 copay/<br>\$45 specialist<br>Cat. 3: ded. then 60% | 100% copay/<br>\$35 copay/<br>\$50 specialist       | Cat. 2: 100%<br>\$35 copay/<br>\$50 specialist<br>Cat. 3: ded. then 60% | 100% copay/<br>\$35 copay/<br>\$50 specialist | Cat. 2: 100%<br>\$35 copay/<br>\$50 specialist<br>Cat. 3: ded. then 60% |
| Preventive Care (ded. waived Cat. 1 & 2)   | 100%  | Cat. 2: 100%<br>Cat. 3: ded. then 60%                                   | 100%  | Cat. 2: 100%<br>Cat. 3: ded. then 60%                                   | 100%  | Cat. 2: 100%<br>Cat. 3: ded. then 60%                                   | 100%  | Cat. 2: 100%<br>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%<br>After \$500: ded. applies, then coinsurance | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  |
|  | 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 (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                    | 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   | 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         | For outpatient only: ded. waived Cat. 1 & 2                             | For outpatient only: ded. waived Cat. 1 & 2         | 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%<br>Cat. 3: ded. then 60%                                    | 80%   | Cat. 2: 80%<br>Cat. 3: ded. then 60%                                    | 80%   | Cat. 2: 80%<br>Cat. 3: ded. then 60%                                    | 80%   | Cat. 2: 80%<br>Cat. 3: ded. then 60%                                    |
| Outpatient (ded. waived Cat. 1 & 2)  | 100% copay<br>\$30 copay                            | Cat. 2: 100%<br>\$30 copay<br>Cat. 3: ded. then 60%                     | 100% copay<br>\$30 copay                            | Cat. 2: 100%<br>\$30 copay<br>Cat. 3: ded. then 60%                     | 100% copay<br>\$35 copay                            | Cat. 2: 100%<br>\$35 copay<br>Cat. 3: ded. then 60%                     | 100% copay<br>\$35 copay                      | Cat. 2: 100%<br>\$35 copay<br>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                             |   |

# January-December 2023 Medical Comparison



| Plan Options                                    | Traverse 2000<br>PPO 80/60/\$35 | Traverse 2500<br>PPO 80/60/\$35 | Traverse 3000<br>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                |
| <b>Plan Benefits</b>                            | <b>Category 1</b>               | <b>Category 1</b>               | <b>Category 1</b>               |
| Coinsurance Level                               | 80%                             | 80%                             | 80%                             |
| ER Copay (waived if admitted)                   | \$300                           | \$300                           | \$300                           |
| Physician Office Visit (ded. waived Cat. 1 & 2) | 100% \$35 copay/\$50 specialist | 100% \$35 copay/\$50 specialist | 100% \$35 copay/\$50 specialist |
| Preventive Care (ded. waived Cat. 1 & 2)        | 100%                            | 100%                            | 100%                            |
| Telehealth Visit (MDLIVE)                       | \$0 copay                       | \$0 copay                       | \$0 copay                       |
| Diagnostic Lab & X-Ray                          | 80%                             | 80%                             | 80%                             |
| First \$500: ded. waived and paid at 100%       | 100%                            | 100%                            | 100%                            |
| After \$500: ded. applies, then coinsurance     | 80%                             | 80%                             | 80%                             |
| Chiropractic                                    | Up to 18 manipulations PCY      | Up to 18 manipulations PCY      | Up to 18 manipulations PCY      |
| Acupuncture                                     | 80%                             | 80%                             | 80%                             |
| Rehabilitation Inpatient: 30 days PCY           | 80%                             | 80%                             | 80%                             |
| Outpatient: 25 visits PCY                       | 80%                             | 80%                             | 80%                             |
| Mental Health/Substance Abuse Inpatient         | 80%                             | 80%                             | 80%                             |
| Outpatient (ded. waived Cat. 1 & 2)             | 100% \$35 copay                 | 100% \$35 copay                 | 100% \$35 copay                 |
| Lifetime Maximum                                | Unlimited                       | Unlimited                       | Unlimited                       |
| <b>Prescription Drug Plans</b>                  |                                 |                                 |                                 |
| 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               |

# January-December 2023 Medical Comparison



| Plan Options                                | Ascent 2000<br>70/50/\$40   | Ascent 2500<br>70/50/\$40   | Ascent 3000<br>PPO 70/50/\$40   | Ascent 5000<br>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<br>70%   | Category 1<br>70%   | Category 1<br>70%   | Category 1<br>70%   |
| Coinsurance Level                           | Category 2 & 3<br>50%   | Category 2 & 3<br>50%   | Category 2 & 3<br>50%   | Category 2 & 3<br>50%   |
| ER Copay                                    | \$300   | \$300   | \$300   | \$300   |
| Physician Office Visit                      | 100%<br>\$40 copay<br>\$55 specialist   | 100%<br>\$40 copay<br>\$55 specialist   | 100%<br>\$40 copay<br>\$55 specialist   | 100%<br>\$40 copay<br>\$55 specialist   |
| Preventive Care (ded. waived)               | Cat. 2: 100%<br>\$40 copay/<br>\$55 specialist<br>Cat. 3: ded. then 50%                     | Cat. 2: 100%<br>\$40 copay/<br>\$55 specialist<br>Cat. 3: ded. then 50%                     | Cat. 2: 100%<br>\$40 copay/<br>\$55 specialist<br>Cat. 3: ded. then 50%                     | Cat. 2: 100%<br>\$40 copay/<br>\$55 specialist<br>Cat. 3: ded. then 50%                     |
| Telehealth Visit (MDLIVE)                   | Cat. 2: 100%<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>Cat. 3: ded. then 50%   |
| Diagnostic Lab & X-Ray                      | \$0 copay   | \$0 copay   | \$0 copay   | \$0 copay   |
| First \$400: ded. waived and paid at 100%   | 70%   | 70%   | 70%   | 70%   |
| After \$400: ded. applies, then coinsurance | 100%  | 100%  | 100%  | 100%  |
| Chiropractic                                | 70%   | 70%   | 70%   | 70%   |
| Acupuncture                                 | 100%<br>\$55 copay  | 100%<br>\$55 copay  | 100%<br>\$55 copay  | 100%<br>\$55 copay  |
| Rehabilitation Inpatient: 30 days PCY       | 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) |
| Outpatient: 25 visits PCY                   | 100%<br>\$55 copay  | 100%<br>\$55 copay  | 100%<br>\$55 copay  | 100%<br>\$55 copay  |
| Mental Health/Substance Abuse Inpatient     | Cat. 2: 100%<br>\$55 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$55 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$55 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$55 copay<br>Cat. 3: ded. then 50%   |
| Outpatient                                  | 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)         |
| Lifetime Maximum                            | 70%   | 70%   | 70%   | 70%   |
| Prescription Drug Plans                     | 70%   | 70%   | 70%   | 70%   |
| Retail (30-day)                             | Cat. 2: 70%<br>Cat. 3: ded. then 50%  | Cat. 2: 70%<br>Cat. 3: ded. then 50%  | Cat. 2: 70%<br>Cat. 3: ded. then 50%  | Cat. 2: 70%<br>Cat. 3: ded. then 50%  |
| Mail (90-day)                               | 100%<br>\$40 copay  | 100%<br>\$40 copay  | 100%<br>\$40 copay  | 100%<br>\$40 copay  |
| Specialty Medications                       | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded. then 50%   | Cat. 2: 100%<br>\$40 copay<br>Cat. 3: ded. then 50%   |
| MAC Policy                                  | Unlimited   | Unlimited   | Unlimited   | Unlimited   |
| MAC A - Mandatory                           | \$10/\$40/\$60  | \$10/\$40/\$60  | \$10/\$40/\$60  | \$10/\$40/\$60  |
| MAC B - Mandatory                           | \$20/\$80/\$120   | \$20/\$80/\$120   | \$20/\$80/\$120   | \$20/\$80/\$120   |
| MAC C - Mandatory                           | 50%   | 50%   | 50%   | 50%   |

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Cat. = Category Ded. = Deductible PCY = Per calendar year

# January-December 2023 Medical Comparison



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

Cat. = Category Ded. = Deductible PCY = Per calendar year

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REG-270239-22/09-AI  
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