



Regence makes it simple

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:

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 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.

Regence app and regence.com: Make the most of your benefits with our cost estimator, doctor search, explanation of benefits statements and other helpful resources. Create an online account to have personalized tools at your fingertips.

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.

Health Alliance (ALLtech) for Technology Health Trust: January–December 2024 Medical Comparison



Plan Options	Premier 250 PPO 90/70/\$20		Premier 250 PPO 80/60/\$25		Premier 500 PPO 90/70/\$20		Premier 500 PPO 80/60/\$25		Premier 1000 PPO 80/60/\$30		Premier 1500 PPO 80/60/\$35	
Annual Deductible (Individual/Family)	In network: \$250/\$500 Out of network: \$500/\$1,000		In network: \$250/\$500 Out of network: \$500/\$1,000		In network: \$500/\$1,000 Out of network: \$1,000/\$2,000		In network: \$500/\$1,000 Out of network: \$1,000/\$2,000		In network: \$1,000/\$2,000 Out of network: \$2,000/\$4,000		In network: \$1,500/\$3,000 Out of network: \$3,000/\$6,000	
Out-of-Pocket Maximum (Individual/Family)	In network: \$2,500/\$5,000 Out of network: \$5,000/\$10,000		In network: \$3,000/\$6,000 Out of network: \$6,000/\$12,000		In network: \$3,000/\$6,000 Out of network: \$6,000/\$12,000		In network: \$3,500/\$7,000 Out of network: \$7,000/\$14,000		In network: \$4,000/\$8,000 Out of network: \$8,000/\$16,000		In network: \$4,500/\$9,000 Out of network: \$9,000/\$18,000	
Plan Benefits	In network	Out of network	In network	Out of network								
Coinsurance Level	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
ER Copay (waived if admitted)	\$250		\$250		\$250		\$250		\$250		\$250	
Physician Office Visit	100% \$20 copay	70%	100% \$25 copay	60%	100% \$20 copay	70%	100% \$25 copay	60%	100% \$30 copay	60%	100% \$35 copay	60%
Preventive Care (ded. waived in network only)	100%	70%	100%	60%	100%	70%	100%	60%	100%	60%	100%	60%
Telehealth Visit with MDLIVE	\$0 copay	Not covered	\$0 copay	Not covered								
Diagnostic Lab & X-Ray	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
First \$700: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$700: ded. applies, then coinsurance	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
Chiropractic (ded. waived in network only)	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
Acupuncture	Up to 24 manipulations PCY		Up to 24 manipulations PCY									
	90%	70%	80%	60%	90%	70%	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		
Rehabilitation Inpatient: 30 days PCY	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
Outpatient (ded. waived in network only): 25 visits PCY	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
Mental Health/Substance Abuse Inpatient	90%	70%	80%	60%	90%	70%	80%	60%	80%	60%	80%	60%
Outpatient (ded. waived in network only)	100% \$20 copay	70%	100% \$25 copay	60%	100% \$20 copay	70%	100% \$25 copay	60%	100% \$30 copay	60%	100% \$35 copay	60%
Lifetime Maximum	Unlimited		Unlimited									
Prescription Drug Plans												
Retail (30-day)	\$10/\$30/\$50		\$10/\$30/\$50		\$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		\$20/\$60/\$100		\$20/\$60/\$100	
Specialty Medications	50%		50%		50%		50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory									

Health Alliance (ALLtech) for Technology Health Trust: January–December 2024 Medical Comparison



Plan Options	Choice 500 PPO 80/60/\$30		Choice 1000 PPO 80/60/\$30		Choice 1500 PPO 80/60/\$35		Choice 2000 PPO 80/60/\$35		Choice 2500 PPO 80/60/\$35		Choice 3000 PPO 80/60/\$35	
Annual Deductible (Individual/Family)	In network: \$500/\$1,000 Out of network: \$1,000/\$2,000		In network: \$1,000/\$2,000 Out of network: \$2,000/\$4,000		In network: \$1,500/\$3,000 Out of network: \$3,000/\$6,000		In network: \$2,000/\$4,000 Out of network: \$4,000/\$8,000		In network: \$2,500/\$5,000 Out of network: \$5,000/\$10,000		In network: \$3,000/\$6,000 Out of network: \$6,000/\$12,000	
Out-of-Pocket Maximum (Individual/Family)	In network: \$4,000/\$8,000 Out of network: \$8,000/\$16,000		In network: \$5,000/\$10,000 Out of network: \$10,000/\$20,000		In network: \$5,500/\$11,000 Out of network: \$11,000/\$22,000		In network: \$6,500/\$13,000 Out of network: \$13,000/\$26,000		In network: \$6,500/\$13,000 Out of network: \$13,000/\$26,000		In network: \$7,000/\$14,000 Out of network: \$14,000/\$28,000	
Plan Benefits	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Coinsurance Level	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
ER Copay (waived if admitted)	\$300		\$300		\$300		\$300		\$300		\$300	
Physician Office Visit (ded. waived in network only)	100% \$30 copay	60%	100% \$30 copay	60%	100% \$35 copay	60%						
Preventive Care (ded. waived in network only)	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%
Telehealth Visit with MDLIVE	\$0 copay	Not covered	\$0 copay	Not covered	\$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%	80%	60%	80%	60%
First \$500: ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$500: ded. applies, then coinsurance	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Chiropractic	Up to 18 manipulations PCY (ded. waived in network)		Up to 18 manipulations PCY (ded. waived in network)		Up to 18 manipulations PCY (ded. waived in network)		Up to 18 manipulations PCY (ded. waived in network)		Up to 18 manipulations PCY (ded. waived in network)		Up to 18 manipulations PCY (ded. waived in network)	
Acupuncture	80%	60%	80%	60%	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	
Rehabilitation Inpatient: 30 days PCY	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient: 25 visits PCY	For outpatient only: ded. waived in network		For outpatient only: ded. waived in network		For outpatient only: ded. waived in network		For outpatient only: ded. waived in network		For outpatient only: ded. waived in network		For outpatient only: ded. waived in network	
Mental Health/Substance Abuse Inpatient	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Outpatient (ded. waived in network only)	100% \$30 copay	60%	100% \$30 copay	60%	100% \$35 copay	60%						
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans												
Retail (30-day)	\$10/\$40/\$60		\$10/\$40/\$60		\$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		\$20/\$80/\$120		\$20/\$80/\$120	
Specialty Medications	50%		50%		50%		50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

Health Alliance (ALLtech) for Technology Health Trust: January–December 2024 Medical Comparison



Plan Options	Balance 2500 PPO 70/50/\$40		Balance 3000 PPO 70/50/\$40		Balance 5000 PPO 70/50/\$40	
Annual Deductible (Individual/Family)	In network: \$2,500/\$5,000 Out of network: \$5,000/\$10,000		In network: \$3,000/\$6,000 Out of network: \$6,000/\$12,000		In network: \$5,000/\$10,000 Out of network: \$10,000/\$20,000	
Out-of-Pocket Maximum (Individual/Family)	In network: \$6,500/\$13,000 Out of network: \$13,000/\$26,000		In network: \$7,000/\$14,000 Out of network: \$14,000/\$28,000		In network: \$8,000/\$16,000 Out of network: \$16,000/\$32,000	
Plan Benefits	In network	Out of network	In network	Out of network	In network	Out of network
Coinsurance Level	70%	50%	70%	50%	70%	50%
ER Copay	\$300		\$300		\$300	
Physician Office Visit	100% \$40 copay	50%	100% \$40 copay	50%	100% \$40 copay	50%
Preventive Care (ded. waived)	100%	50%	100%	50%	100%	50%
Telehealth Visit with MDLIVE	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray	70%	50%	70%	50%	70%	50%
First \$400 ded. waived and paid at 100%	100%	100%	100%	100%	100%	100%
After \$400 ded. applies, then coinsurance	70%	50%	70%	50%	70%	50%
Chiropractic	100% \$40 copay	50%	100% \$40 copay	50%	100% \$40 copay	50%
	Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay	
Acupuncture	100% \$40 copay	50%	100% \$40 copay	50%	100% \$40 copay	50%
	Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay	
Rehabilitation	Inpatient: 30 days PCY	70%	50%	70%	50%	70%
Outpatient: 25 visits PCY		70%	50%	70%	50%	70%
Mental Health/Substance Abuse	Inpatient	70%	50%	70%	50%	70%
Outpatient		100% \$40 copay	50%	100% \$40 copay	50%	100% \$40 copay
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	

Health Alliance (ALLtech) for Technology Health Trust: January–December 2024 Medical Comparison



Plan Options	TechStarter 4000 PPO 70/50/\$50		TechStarter 7000 PPO 70/50/\$50		TechStarter 8700 PPO 100/50/\$50	
Annual Deductible (Individual/Family)	In network: \$4,000/\$8,000 Out of network: \$8,000/\$16,000		In network: \$7,000/\$14,000 Out of network: \$14,000/\$28,000		In network: \$8,700/\$17,400 Out of network: \$17,400/\$34,800	
Out-of-Pocket Maximum (Individual/Family)	In network: \$4,000/\$8,000 Out of network: \$8,000/\$16,000		In network: \$8,700/\$17,400 Out of network: \$17,400/\$34,800		In network: \$8,700/\$17,400 Out of network: \$17,400/\$34,800	
Plan Benefits	In network	Out of network	In network	Out of network	In network	Out of network
Coinsurance Level	70%	50%	70%	50%	100%	50%
ER Copay	\$300		\$300		\$300	
Physician Office Visit	100% \$50 copay	50%	100% \$50 copay	50%	100% \$50 copay	50%
Preventive Care ded. waived in network only	100%	50%	100%	50%	100%	50%
Telehealth Visit with MDLIVE	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Diagnostic Lab & X-Ray Simple: ded. waived	Simple: 100%	Simple: 50%	Simple: 100%	Simple: 50%	Simple: 100%	Simple: 50%
Complex: subject to ded.	Complex: 70%	Complex: 50%	Complex: 70%	Complex: 50%	Complex: 100%	Complex: 50%
Chiropractic ded. waived in network only	100% \$50 copay	50%	100% \$50 copay	50%	100% \$50 copay	50%
	Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay		Up to 10 manipulations PCY; ded. waived, no coinsurance, subject to copay	
Acupuncture ded. waived in network only	100% \$50 copay	50%	100% \$50 copay	50%	100% \$50 copay	50%
	Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay		Up to 12 visits PCY; ded. waived, no coinsurance, subject to copay	
Rehabilitation Inpatient: 30 days PCY	70%	50%	70%	50%	100%	50%
Outpatient: 25 visits PCY ded. waived in network only	100% \$50 copay	50%	100% \$50 copay	50%	100% \$50 copay	50%
Mental Health/Substance Abuse Inpatient	70%	50%	70%	50%	100%	50%
Outpatient ded. waived in network only	100% \$50 copay	50%	100% \$50 copay	50%	100% \$50 copay	50%
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Prescription Drug Plans						
Retail (30-day)	\$10/\$50/\$100		\$10/\$50/\$100		\$10/\$50/\$100	
Mail (90-day)	\$20/\$100/\$200		\$20/\$100/\$200		\$20/\$100/\$200	
Specialty Medications	50%		50%		50%	
MAC Policy	MAC A - Mandatory		MAC A - Mandatory		MAC A - Mandatory	

Health Alliance (ALLtech) for Technology Health Trust: January–December 2024 Medical Comparison



Plan Options	Choice HSA 1700 HSA 3.0 1700		Choice HSA 2500 HSA 3.0 2500		Choice HSA 3500 HSA 3.0 3500		Balance HSA 5000 HSA 3.0 5000	
Annual Deductible (Individual/Family)	In network: \$1,700/\$3,400 Out of network: \$3,400/\$6,800		In network: \$2,500/\$5,000 Out of network: \$5,000/\$10,000		In network: \$3,500/\$7,000 Out of network: \$7,000/\$14,000		In network: \$5,000/\$10,000 Out of network: \$10,000/\$20,000	
Out-of-Pocket Maximum (Individual/Family)	In network: \$4,000/\$8,000 Out of network: \$8,000/\$16,000		In network: \$5,000/\$10,000 Out of network: \$10,000/\$20,000		In network: \$6,000/\$12,000 Out of network: \$12,000/\$24,000		In network: \$6,500/\$13,000 Out of network: \$13,000/\$26,000	
Plan Benefits	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Coinurance 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%	60%	100%	60%	100%	60%	100%	60%
Telehealth Visit with 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%	60%	80%	60%	80%	60%	80%	60%
	Outpatient	80%	60%	80%	60%	80%	60%	80%
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	

Ded. = Deductible PCY = Per calendar year

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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