

WASHINGTON EHB BENCHMARK PLAN (2026-2028)

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Regence BlueShield
Product Name	Regence Group Direct
Plan Name	Regence Direct Gold +
Supplemented Categories (Supplementary Plan Type)	None

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				Pg. 4
Specialist Visit	Yes	Covered	No				Pg. 4
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Pg. 4
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Pg. 7
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Pg. 5
Hospice Services	Yes	Covered	Yes	14	Day(s) per Lifetime		Pg. 7
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	Yes	Covered	No			Only evaluations to determine if and why a covered member is infertile and artificial insemination are covered.	Pg. 7
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				Pg. 18
Home Health Care Services	Yes	Covered	Yes	130	Visit(s) per Year		Pg. 7
Emergency Room Services	Yes	Covered	No				Pg. 6
Emergency Transportation/Ambulance	Yes	Covered	No				Pg. 5
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Pg. 7
Inpatient Physician and Surgical Services	Yes	Covered	No				Pg. 5
Bariatric Surgery	No	Not Covered	No				
Cosmetic Surgery	No	Not Covered	No				Pg. 12 and pg. 19 Covers cosmetic surgery when medically necessary.
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Year		Pg. 16 Coverage is limited to 60-inpatient days/year.
Prenatal and Postnatal Care	Yes	Covered	No				Pg. 7
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Pg. 7
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Pg. 8
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Pg. 8
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Pg. 17
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Pg. 17
Generic Drugs	Yes	Covered	Yes	30	Days per Month		Pg. 15 Coverage is limited to a 30-day supply retail or 90-day supply mail order per fill or refill. For prescription contraceptive drugs coverage includes a twelve-month refill of contraceptive drugs obtained at one time by the enrollee, unless the enrollee requests a smaller supply, or the prescribing provider instructs that the enrollee must receive a smaller supply.

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Preferred Brand Drugs	Yes	Covered	Yes	30	Days per Month		Pg. 15 Coverage is limited to a 30-day supply retail or 90-day supply mail order per fill or refill. For prescription contraceptive drugs coverage includes a twelve-month refill of contraceptive drugs obtained at one time by the enrollee, unless the enrollee requests a smaller supply, or the prescribing provider instructs that the enrollee must receive a smaller supply.
Non-Preferred Brand Drugs	Yes	Covered	Yes	30	Days per Month		Pg. 15 Coverage is limited to a 30-day supply retail or 90-day supply mail order per fill or refill. For prescription contraceptive drugs coverage includes a twelve-month refill of contraceptive drugs obtained at one time by the enrollee, unless the enrollee requests a smaller supply, or the prescribing provider instructs that the enrollee must receive a smaller supply.
Specialty Drugs	Yes	Covered	Yes	30	Days per Month		Pg. 14 and pg. 15 First fill allowed at a retail pharmacy. Additional fills must be provided at a specialty pharmacy. Coverage is limited to a 30-day supply for specialty and self-administrable cancer chemotherapy medications from a specialty pharmacy per fill or refill.
Outpatient Rehabilitation Services	Yes	Covered	Yes	25	Visit(s) per Year		Pg. 16
Habilitation Services	Yes	Covered	Yes	30	Day(s) per Year		Pg. 6 Coverage for habilitative services is limited to 30-inpatient days/year. Coverage for habilitative services is limited to 25-outpatient visits/year.
Chiropractic Care	Yes	Covered	Yes	10	Visits(s) per Year		Pg. 16 and 17
Durable Medical Equipment	Yes	Covered	No				Pg. 6
Hearing Aids	Yes	Covered	Yes	1	Item(s) per 3 Years	Only Cochlear Implants for children are covered. An annual hearing exam and one hearing aid per ear every 3 years is covered. Cochlear Implants for children are also covered.	Pg. 6 Coverage is limited to an annual hearing exam and one hearing aid per ear every 3 years. Cochlear Implants for children are also covered.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Pg. 5
Preventive Care/Screening/Immunization	Yes	Covered	No				Pg. 4
Routine Foot Care	Yes	Covered	No				Pg. 6
Acupuncture	Yes	Covered	No				Pg. 5
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Year		Pg. 13
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Year		Pg. 14 Coverage is limited to one frame and one pair (two lenses) / calendar year or contacts (in lieu of glasses).
Dental Check-Up for Children	Yes	Covered	Yes	2	Visit(s) per Year		Pg. 9
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Day(s) per Year		Pg. 16 Coverage is limited to 30-inpatient days/year and 25-outpatient visits/year. Rehabilitative Speech Therapy and Rehabilitative Occupational and Rehabilitative Physical Therapy combine for 25 visits for Rehabilitative Services.

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Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Day(s) per Year		Pg. 16 Coverage is limited to 30-inpatient days/year and 25-outpatient visits/year. Rehabilitative Speech Therapy and Rehabilitative Occupational and Rehabilitative Physical Therapy combine for 25 visits for Rehabilitative Services.
Well Baby Visits and Care	Yes	Covered	No			Human donor milk is covered in an inpatient setting when applicable criteria is met as outlined in RCW 48.43.815. See EHB base benchmark plan for details.	Pg. 8 Human donor milk must be covered as it is covered by the state base benchmark plan.
Laboratory Outpatient and Professional Services	Yes	Covered	No				Pg. 5
X-rays and Diagnostic Imaging	Yes	Covered	No				Pg. 5
Basic Dental Care - Child	Yes	Covered	No			Exclusions apply - see EHB base benchmark plan.	Pg. 9 and 10
Orthodontia – Child	Yes	Covered	No			Orthodontia that is not medically necessary.	Pg. 11 and pg. 13 Medically necessary orthodontia must be covered.
Major Dental Care - Child	Yes	Covered	No			Exclusions apply - see EHB base benchmark plan.	Pg. 10 and 11 Quantitative limits apply; see EHB base benchmark plan.
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	Yes	Covered	No				Pg. 7 Coverage includes termination of pregnancy for all members.
Transplant	Yes	Covered	No				Pg. 18
Accidental Dental	No	Not Covered	No				
Dialysis	Yes	Covered	No				Pg. 6
Allergy Testing	No	Not Covered	No				
Chemotherapy	Yes	Covered	No			Coverage of oral anti-cancer drugs is limited to a 30-day supply for specialty and self-administrable cancer chemotherapy medications from a specialty pharmacy; other chemotherapy is covered under the applicable service (such as office visit).	Pg.14 Covered under the base benchmark plan.
Radiation	Yes	Covered	No				Pg. 5 Covered under the base benchmark plan; covered under applicable benefit (such as office visit).
Diabetes Education	Yes	Covered	No				Pg. 5
Prosthetic Devices	Yes	Covered	No				Pg. 16
Infusion Therapy	Yes	Covered	No				Pg. 4 Covered under applicable benefit (such as office visit).
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				Pg. 13 and 18
Nutritional Counseling	Yes	Covered	No				Pg. 9
Reconstructive Surgery	Yes	Covered	No				Pg. 16 Coverage for reconstructive breast surgery and treatment of congenital anomalies is required and is covered under the state-based benchmark plan.

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Gender Affirming Care	Yes	Covered	No				Pg. 6 Gender Affirming Care includes health care services prescribed to treat any condition related to the individual's gender identity and may include primary care visits, specialty care, outpatient mental health services, prescription drug benefits, and surgical services.
Diabetes Care Management	Yes	Covered	No				Pg. 5
Inherited Metabolic Disorder – PKU	Yes	Covered	No				Pg. 7
Dental Anesthesia	Yes	Covered	No				Pg. 5

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	19
Analgesics	Opioid Analgesics, Long acting	9
Analgesics	Opioid Analgesics, Short-acting	20
Anesthetics	Local Anesthetics	1
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	1
Antibacterials	Aminoglycosides	3
Antibacterials	Antibacterials, Other	14
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	4
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	5
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Modulating Agents	8
Anticonvulsants	Sodium Channel Agents	6
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	7
Antidepressants	Monoamine Oxidase Inhibitors	3
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	13
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	7
Antiemetics	Emetogenic Therapy Adjuncts	5
Antifungals	No USP Class	12
Antigout Agents	No USP Class	6

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	0
Antimigraine Agents	Ergot Alkaloids	3
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	6
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	8
Antineoplastics	Alkylating Agents	3
Antineoplastics	Antiandrogens	5
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	6
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	16
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugates	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	4
Antiparasitics	Anthelmintics	4
Antiparasitics	Antiprotozoals	13
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	5
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	10
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	1
Antivirals	Antiherpetic Agents	3

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	6
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	13
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	7
Antivirals	Anti-influenza Agents	4
Antivirals	Antiviral, Coronavirus Agents	0
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	8
Bipolar Agents	Mood Stabilizers	4
Blood Glucose Regulators	Antidiabetic Agents	17
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products and Modifiers	Anticoagulants	7
Blood Products and Modifiers	Blood Products and Modifiers, Other	6
Blood Products and Modifiers	Hemostasis Agents	2
Blood Products and Modifiers	Platelet Modifying Agents	7
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	14
Cardiovascular Agents	Beta-adrenergic Blocking Agents	12
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	5
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	2
Cardiovascular Agents	Diuretics, Thiazide	5
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2

CATEGORY	CLASS	SUBMISSION COUNT
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Mineralocorticoid Receptor Antagonists	2
Cardiovascular Agents	Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	0
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	2
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	5
Central Nervous System Agents	Central Nervous System, Other	12
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	10
Dermatological Agents	Dermatitis and Pruritus Agents	22
Dermatological Agents	Dermatological Agents, Other	13
Dermatological Agents	Pediculicides/Scabicides	5
Dermatological Agents	Topical Anti-infectives	16
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	4
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	4
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	3
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	5
Gastrointestinal Agents	Anti-Diarrheal Agents	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	8
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	5
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	8
Genitourinary Agents	Genitourinary Agents, Other	8

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	16
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal or Pituitary)	No USP Class	8
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	2
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	10
Immunological Agents	Immunostimulants	2
Immunological Agents	Immunosuppressants	13
Inflammatory Bowel Disease Agents	Aminosalicylates	4
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	11
Ophthalmic Agents	Ophthalmic Agents, Other	4
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	6
Ophthalmic Agents	Ophthalmic Anti-Infectives	15
Ophthalmic Agents	Ophthalmic Anti-inflammatories	10
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	4
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	8
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	4
Otic Agents	No USP Class	9
Respiratory Tract/ Pulmonary Agents	Antihistamines	10
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	8
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	4
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	11
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	5
Skeletal Muscle Relaxants	No USP Class	9
Sleep Disorder Agents	Sleep Promoting Agents	9
Sleep Disorder Agents	Wakefulness Promoting Agents	2