

# Prescription Medication Plan



Your Prescription Medication Plan provides coverage for services provided by Participating pharmacies as listed below. Under this plan, benefits for preferred medications are covered at a higher benefit level. For assistance in locating a Participating Pharmacy or the RegenceRx Preferred Medication List, please visit our Web site at [www.regencerox.com](http://www.regencerox.com).

## Your Prescription Medication Plan Features

- Mail order service for medications taken regularly for chronic conditions.
- Up to a 90-day supply for mail order medications is provided.
- Up to a 30-day supply for self-injectable medications for mail order.
- RegenceRx Preferred Medication List, which offers quality generics and selected brands including contraceptives.
- Needles and syringes used for self-injectable medications.
- Preferred copayment for medications on the RegenceRx Preferred Medication List.
- Medications that are required by law to be dispensed by prescription.

## Benefit Features

Annual out-of-pocket maximum	\$2,500
After your annual out-of-pocket maximum is met each calendar year, we pay	100%

**Important Note:** Present your identification card with all new and refill prescriptions.

### Medications purchased from a participating pharmacies

The maximum quantity is a 34-day supply for each prescription filled

### You Pay

Generic medications	\$10 copayment
Preferred brand medications	30%
Non-Preferred brand medications	50%

### Medications purchased from a mail order supplier

The maximum quantity is a 90-day supply for each prescription filled.

Generic medications	\$30 copayment
Preferred brand medications	30%
Non-Preferred brand medications	Not covered through mail order

See page 2 for limitations and exclusions >

## Limitations and Exclusions

### These Benefits Are Limited

- The maximum quantity for pharmacy purchased medications is a 34-day supply.
- The maximum quantity for mail order purchased medications is a 90-day supply.
- The maximum quantity for mail order purchased self-injectable medications is a 30-day supply.
- Some medications may be limited by quantity rather than day supply or may require prior authorization by the health plan.
- Compound medications are only covered when one ingredient is a federal legend or state restricted medication.

### Services And Supplies Not Covered

- Prescription medications purchased at a non-participating pharmacy
- Impotence medications
- Fertility medications
- Nonprescription medications
- Medications prescribed for cosmetic purposes
- Medications with no proven therapeutic indication
- Retin-A for anyone 26 years of age or over
- Renova
- Lamisil and Sporanox
- Topical minoxidil
- Smoking cessation products
- Experimental or investigational medications
- Medications prescribed for weight loss or the treatment of obesity (including, but not limited to amphetamines)
- Vitamins and fluoride, except those required by law to be dispensed by prescription
- Injectable medications, except those defined as self-injectable
- Medications dispensed in a facility while a patient in a hospital, skilled nursing facility, nursing home, or other health-care institution
- Stolen, lost, spilled, or destroyed prescription medications

**Please Note:** This summary provides a brief description of your prescription medication plan and is not a guarantee of payment. Once enrolled, your benefits booklet can be viewed online at [www.or.regence.com](http://www.or.regence.com). Please refer to your benefits booklet for a complete list of benefits, definitions, and the limitations and exclusions that apply.



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Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

[www.or.regence.com](http://www.or.regence.com)