

Prescription Medication Plan



Your Prescription Medication Plan provides coverage for services provided by Participating pharmacies as listed below. For assistance in locating a Participating Pharmacy or the RegenceRx Preferred Medication List, please visit our Web site at 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.
- 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	50%
Preferred brand medications	50%
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	50%
Preferred brand medications	50%
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. Please refer to your benefits booklet for a complete list of benefits, definitions, and the limitations and exclusions that apply.



An Independent Licensee of the Blue Cross and Blue Shield Association

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

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

www.or.regence.com