

Prescription Medication Plan



Your Prescription Medication Plan Features

- Medications including diabetic supplies that are required by law to be dispensed by prescription.
- RegenceRx Preferred Medication List, which offers quality generics and selected brands.
- Preferred copayment for medications on the RegenceRx Preferred Medication List.
- The RegenceRx Preferred Medication List is available at our Web site www.regencerox.com.
- Mail order service for medications taken regularly for chronic conditions.

Benefit Features

Annual out-of-pocket maximum	None
Important Note: Present your identification card at the pharmacy with all new and refill prescriptions.	
Medications purchased from a pharmacy	
The maximum quantity is a 30-day supply for each prescription filled	
Generic medications	\$10 copayment
Preferred brand medications	\$35 copayment
Non-Preferred brand medications	\$50 copayment
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	\$105 copayment
Non-Preferred brand medications	\$150 copayment
Self-administrable injectable medications purchased from a mail order supplier	
The maximum quantity is a 30-day supply for each prescription filled	
Generic medications	\$10 copayment
Preferred brand medications	\$35 copayment
Non-Preferred brand medications	\$50 copayment

See page 2 for limitations and exclusions >

Limitations and Exclusions

These Benefits Are Limited

- The maximum quantity for medications purchased from a pharmacy is a 30-day supply.
- The maximum quantity for medications purchased from a mail order supplier is a 90-day supply.
- The maximum quantity for self-administrable injectable medications purchased from a mail order supplier is a 30-day supply.
- Some medications may be limited by the quantity rather than day supply.
- Some medications may require prior authorization by the health plan.
- Compound medications are only covered when they contain a medication that has been approved by the United States Food and Drug Administration.
- Growth hormone medication is limited to a maximum benefit of \$25,000 per calendar year.

Services And Supplies Not Covered

- Experimental, investigational or off-label use medications.
- Foreign medications except in emergency situations while traveling outside the United States.
- Immunization agents, biological sera, blood, or blood plasma.
- Insulin pumps and pump administration supplies.
- Medications not considered by us to be self-administrable.
- Medications dispensed in a facility.
- Medications dispensed pursuant to participation in a clinical trial.
- Medications dispensed by excluded pharmacies.
- Medications prescribed for cosmetic purposes.
- Medications for the treatment of acne for anyone over age 39.
- Medications for the treatment of impotence regardless of the cause.
- Medications for the treatment of infertility.
- Medications for the treatment of nail fungus.
- Medications for smoking cessation.
- Medications for weight loss or the treatment of obesity.
- Medications that are not medically necessary.
- Medications with no proven therapeutic indication.
- Medications without in-person examination.
- Medications used to inhibit or suppress drowsiness, sleepiness, tiredness, or exhaustion.
- Nonprescription medications.
- Professional charges for administration of any medication.

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.



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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