

# Prescription Medication Plan



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon

## 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](http://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

### You Pay

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

## Additional Information

**myRegence.com**

**myRegence.com** is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to [www.myRegence.com](http://www.myRegence.com) and view claims; get fitness and nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.

**See page 2 for limitations and exclusions >**

## Limitations and Exclusions

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.

### 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.



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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)**