

# 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 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.
- Preferred copayment for medications on the RegenceRx Preferred Medication List.
- Medications that are required by law to be dispensed by prescription unless designated by us.

## Benefit Features

Annual out-of-pocket maximum	\$2,500
After your annual out-of-pocket maximum is met each calendar year, we pay	100%
<b>Important Note:</b> Present your identification card with all new and refill prescriptions. There is a \$10 processing fee for all submitted paper claims.	

## 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

## Cancer Chemotherapy Medication Benefit Features

**Important Note:** These medications do not apply toward the out of pocket maximum. Please refer to your benefit booklet for a detailed description on how Cancer Chemotherapy Medications are covered.

## Self-administered cancer chemotherapy medications including oral chemotherapy medications

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

Generic medications	\$10 copayment
Preferred brand medications	\$50 copayment
Non-Preferred brand medications	\$100 copayment

## Additional Information

<b>myRegence.com</b>	<b>myRegence.com</b> 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 <a href="http://www.myRegence.com">www.myRegence.com</a> 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.
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**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 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



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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)