

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.
- Medications that are required by law to be dispensed by prescription unless designated by us.

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

Self-administered cancer chemotherapy medications including oral chemotherapy medications

The maximum quantity is a 30-day supply for each prescription filled

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