

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

City of Vancouver & Vancouver
Housing Authority

Effective January 1, 2009

Your Prescription Medication Plan provides coverage for services provided by Participating pharmacies as listed below. Under this plan, benefits for generic and 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.

Your Prescription 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.
- Preferred copayment for medications on the RegenceRx Preferred Medication List.
- Medications that are required by law to be dispensed by prescription.

Benefit Features

Annual out-of-pocket maximum	\$2,500
Once your 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 at participating pharmacies

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

We Pay

Generic medications	100% after \$10 copayment
Preferred brand medications	100% after \$20 copayment
Non-Preferred brand medications	100% after \$40 copayment

Medications purchased through mail order

The maximum quantity is a 90-day supply for each prescription filled.

Generic medications	100% after \$20 copayment
Preferred brand medications	100% after \$40 copayment
Non-Preferred brand medications	100% after \$80 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.

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.myRegence.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. Some medications may be limited by quantity rather than day supply or may require prior authorization by the health plan.
- The maximum quantity for mail order purchased medications is a 90-day supply. Some medications may be limited by quantity rather than day supply or may require prior authorization by the health plan.
- The maximum quantity for mail order purchased self-injectable medications is a 30-day supply. Some medications may be limited by the 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
- 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



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

Regence BlueCross BlueShield of Oregon

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

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

www.myRegence.com