

**Prescription Medication Benefits**

Rx \$10/\$25/\$50

Plan Year October 2010 – September 2011

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

**This coverage is a “non-grandfathered health plan” under the Patient Protection and Affordable Care Act (PPACA).**

**Prescription Medication Benefits**

A nationwide network of Participating Pharmacies is available to you. Pharmacies that participate in this network submit claims electronically. You can find a list of Participating Pharmacies at our Website, [www.myRegence.com](http://www.myRegence.com).

<b>Individual deductible per calendar year</b>	N/A
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<b>Individual maximum coinsurance per calendar year</b>	N/A
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**Important note:** You are not responsible for any applicable deductible, copayment and/or coinsurance when you fill prescriptions at a Participating Pharmacy, for specific strengths or quantities of medications that are specifically designated as preventive medications (including, but not limited to, aspirin, fluoride and iron) or for immunizations. The applicable deductible, copayment and/or coinsurance will apply when you fill these preventive medications and immunizations at a Nonparticipating Pharmacy. The Website above includes a complete list of such medications. Tobacco use cessation medications are covered when obtained with a prescription order. Coverage includes Legend and OTC.

<b>Covered Prescription Medication Services (Per Member)</b>	<b>Member Responsibility Generic</b>	<b>Member Responsibility Formulary Brands</b>	<b>Member Responsibility Non-Formulary Brands</b>
<b>Prescription Medications From a Pharmacy</b> ▪ 30-day supply for each prescription	\$10	\$25	\$50
<b>Injectable Medications From a Pharmacy or Mail-Order Supplier</b> ▪ 30-day supply for each injectable medication	\$10	\$25	\$50
<b>Maintenance Medications From a Mail-Order Supplier</b> ▪ 90-day supply for each prescription	\$30	\$75	\$150

**Brand-Name Prescription Medication Instead Of Generic:** If an equivalent generic medication is available and a brand-name medication is chosen, the member is responsible for paying the applicable brand-name co-payment/co-insurance plus the difference in price between the equivalent generic medication and the brand-name medication not to exceed total retail cost.

**Prescription Medication Exclusions**

**Biological Sera, Blood or Blood Plasma**

**Certain Contraceptives:** Prescription contraceptives that cannot be self-administered, including Norplant, surgically inserted contraceptive devices, IUDs and Depo-Provera (coverage for these contraceptives may otherwise be provided under the medical benefit).

**Cosmetic Purposes:** Prescription medications used for cosmetic purposes including, removal, inhibition or stimulation of hair growth, retardation of aging or repair of sun-damaged skin.

**Devices or Appliances** (coverage for devices and appliances may otherwise be provided under the medical benefit).

**Foreign Prescription Medications** except those associated with an emergency medical condition while you are traveling outside the United States, or those you purchase while residing outside the United States.

**Growth Hormones** unless we preauthorize them.

**Inhibition and/or Suppression of Sleepiness:** Prescription medications used to inhibit and/or suppress drowsiness, sleepiness, tiredness or exhaustion, unless we preauthorize them.

### **Prescription Medication Exclusions**

**Insulin Pumps and Pump Administration Supplies** (coverage for insulin pumps and supplies is provided under the medical benefit).

**Medications We Don't Consider Self-Adminstrable** (coverage for these medications may otherwise be provided under the medical benefit).

**Nonprescription Medications:** Medications that by law do not require a prescription order.

**Off-Label Use Prescription Medications:** Prescription medications that have not yet received FDA approval for the purpose and in the manner they are being prescribed.

**Onychomycosis:** Prescription medications for the treatment of onychomycosis (nail fungus), unless we preauthorize them.

**Prescription Medications Dispensed in a Facility:** Prescription medications dispensed to you while you are a patient in a hospital, skilled nursing facility, nursing home or other health care institution.

**Prescription Medications Dispensed in Connection with Participation in a Clinical Trial**

**Prescription Medications For Treatment of Infertility**

**Prescription Medications Not Dispensed by a Pharmacy Pursuant to a Prescription Order**

**Prescription Medications Not within a Provider's License:** Prescription medications prescribed by providers who are not licensed to prescribe medications (or that particular medication) or who have a restricted professional practice license.

**Prescription Medications With No FDA Proven Therapeutic Indication**

**Prescription Medications Without Examination:** Prescriptions made by a provider without recent and relevant in-person examination of the patient, whether the prescription order is provided by mail, telephone, internet or some other means.

**Professional Charges for Administration of Any Medication**

**Please note:** This benefit summary provides a brief description of your health care plan benefits, limitations and exclusions under your health care plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at our Website, [www.myRegence.com](http://www.myRegence.com). Please refer to your benefits booklet for a complete list of benefits, the limitations and exclusions that apply, and a definition of medical necessity.



# Regence

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

Contact Customer Service at 1 (888) 367-2112

Or write to us at:

1800 Ninth Avenue, Seattle, WA 98101

[www.regence.com](http://www.regence.com)