

SCHEDULE OF BENEFITS

PPO Prescription Medication Plan

Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. Please refer to your plan booklet for a complete list of benefits and the limitations and exclusions that apply.

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.
- Preferred Medication List, which offers quality generics and selected brands including contraceptives.
- Hypodermic needles and syringes.
- Preferred copay for medications on the Regence Rx Preferred Medication List.
- Medications that are required by law to be dispensed by prescription.

Pharmacy Purchased Medications (present ID card with new prescription or refill)

At Participating Pharmacies	Generic Medications	Preferred Brand Medications	Non-Preferred Brand Medications
➤ Copayment	\$15 copay for each prescription filled (maximum quantity is 34-day supply)	\$35 copay for each prescription filled (maximum quantity is 34-day supply)	\$55 copay for each prescription filled (maximum quantity is 34-day supply)

Mail Order Purchased Medications

➤ Copayment	\$30 copay for a 90-day supply of each prescription filled	\$70 copay for a 90-day supply of each prescription filled	\$110 copay for a 90-day supply of each prescription filled
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Please note: There is no annual out-of-pocket maximum.

LIMITATIONS AND EXCLUSIONS

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 preauthorization 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 preauthorization 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 preauthorization by the health plan.
- Compound medications are only covered when one ingredient is a federal legend or state restricted drug.
- If a brand name drug is requested, or if a physician prescribes a brand name drug when a generic is available, you will be responsible for the difference in cost between the brand name and generic drug in addition to your copay.

Services And Supplies Not Covered

- 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
- Prescription medications newly approved by the FDA may be excluded for up to 18 months from the FDA approval date
- 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