



Prescription Medication Benefits

Effective January 1, 2009

	PPO PLAN		PART-TIME AND RETIREE PLAN	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)
Out-of-pocket maximum	None		\$1,000 per person per calendar year	
Generic medications	\$5	\$12.50	\$10	\$25
Preferred Brand medications	\$15	\$37.50	20%	\$62.50
Non-Preferred Brand medications	Greater of \$50 or 50% (plus the difference between generic and brand for multi-source brands)	Greater of \$125 or 50% (plus the difference between generic and brand for multi-source brands)	Greater of \$50 or 50% (plus the difference between generic and brand for multi-source brands)	\$125 (plus the difference between generic and brand for multi-source brands)
Diabetic supplies including insulin	0%	0%	0%	0%

LIMITATIONS AND EXCLUSIONS	
These Pharmacy Benefits Are Limited	These Pharmacy Benefits Are Not Covered
<ul style="list-style-type: none"> ➤ Some medications may be limited by 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 medication. 	<ul style="list-style-type: none"> ➤ Non-prescription medications ➤ Prescription medications with no proven therapeutic indication or that are not medically necessary. ➤ Prescription medication for weight loss, treatment of obesity, infertility, Impotence, or cosmetic purposes. ➤ Experimental or investigational medications.

Please note: This benefit comparison provides a brief description of your prescription medication plan benefits and is not a guarantee of payment. Once enrolled, your benefits booklet can be viewed online at our Web site, www.or.regence.com. Please refer to your benefits booklet for a complete list of benefits and the limitations and exclusions that apply. If you have questions please call toll-free, all areas 1 (800) 228-0978.