Regence

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

This is a partial summary of benefits only and in the event of any inconsistency between this summary and Your Agreement, the terms of the Agreement will prevail. The Agreement contains a complete detail of benefits, limitations and exclusions and also describes grievance procedures.

Individual BlueChoices - Prescription Drug Benefit

$200 Deductible Per Enrollee Per Calendar Year (3 Per Family Unit)

After Deductible, You pay $10 Copayment For Generic Prescription Drugs
After Deductible, You Pay 25% Copayment For Formulary Name Brand Prescription Drugs*
After Deductible, You Pay 50% Copayment For Non-formulary Name Brand Prescription Drugs*
After Deductible, You Pay 25% Copayment For Diabetic Supplies

*If You request a brand name drug in place of the generic equivalent, You will be responsible for the Copayment, plus the difference in price between the name brand drug and its generic equivalent, unless Your Physician directs the pharmacist to dispense only the brand name drug on the Prescription Order.

YOUR COVERAGE INCLUDES

- Any drug which, by state or federal law, may be dispensed only by written prescription from a licensed Physician (note exclusions)
- Legend oral contraceptives
- Insulin
- Diabetic supplies which include, but are not limited to needles, syringes, test strips, lancets, and other disposable diabetic supplies

Your benefit plan provides payment for the amount normally prescribed by Your Physician, but not more than a 34-day supply.

WHAT IS NOT COVERED

- A prescription drug during the first 6 months following its approval by the United States Food and Drug Administration, unless Our Pharmacy and Therapeutics Committee (or its successor) sooner approves coverage
- Any claim that is received by the Administrator more than one year from the date the prescription drugs were dispensed to the Enrollee
- Any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one year from the Physician's original order
- Charges for the administration or injection of any drug
- Contraceptives, except for oral or transdermal, whether medication or device, regardless of intended use
- Drugs for investigational or experimental use, even though a charge is made
- Immunization agents, biological sera, blood or blood plasma
- Items purchased at a pharmacy other than prescription drugs, whether or not there is a prescription for them
- Medication which is to be taken by or administered to You while You are a patient in an institution which operates a dispensing pharmacy
- Non-prescription drugs other than insulin
- Prescription drugs for impotence; enhancement of sexual performance, satisfaction or gratification; enhancement of athletic or intellectual performance; infertility and impedance of the aging process; weight management or weight reduction
- Prescription drugs in excess of a prescription drug unit
- Prescription drugs used to assist in smoking cessation, to restore hair growth; progesterone suppositories, growth stimulating hormones, and over-the-counter medications (see Agreement for exceptions)
- Retin-A for Enrollees over 30 years of age, regardless of intended use
- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances except as indicated for coverage above. (Please refer to Your contract as these items may be benefits of Your health coverage.)

WHO TO CONTACT

Regence BlueCross BlueShield of Utah

(801) 333-2100
Toll-free (800) 624-6519