

Regence BlueCross BlueShield of Utah

Contact Information and Resources

Customer Service	Local number Toll free number Hours Services	(801) 333-2100 1 (800) 624-6519 Monday - Friday, 6:00 a.m. to 6:00 p.m. MT Membership, eligibility, benefits, claims status, locating providers, ordering new member cards, questions and answers
Web Sites	www.myRegence.com	A trusted advisor that can offer members reliable advice, help them navigate the health care system and help them live healthier lives. View your claims and personal account information <ul style="list-style-type: none">• Compare hospital, procedure costs, and quality based on your personal needs• Use the interactive health and medical encyclopedia• Join the conversation: open forums allow members to interact with health care experts and with each other• Online wellness programs
	www.ut.regence.com	The Regence Web site provides links to the following features for members under "Why Us": <ul style="list-style-type: none">• Find a Provider• Regence Advantages (discounted products and services) – including vision, hearing, local gym memberships, weight loss programs and child health and safety products• Member Resources – myRegence.com, member forms, member notices and links to Regence Advantages discount services
BlueCard	www.bluecares.com	Blue Cross and Blue Shield plans give you access to doctors and hospitals almost everywhere, giving you peace of mind that you'll always find the care you need.
	Toll free number	1 (800) 810-BLUE (2583)
RegenceRx	www.regenceRx.com	As a member you will have access to a network of more than 50,000 pharmacies nationwide, including two mail-order options, tools and information to help you and your doctor discuss medication choices, call center support and more. These tools include: <ul style="list-style-type: none">• Nationwide pharmacy directory• Learn about medications• How your Rx benefits work• About generics• Understanding health care costs
	Toll free number	1 (800) 572-0316

This is a partial summary of benefits only and in the event of any inconsistency between this summary and Your Summary Plan Description (SPD), the terms of the SPD will prevail. The SPD contains a complete detail of benefits, limitations and exclusions, and describes grievance procedures.

BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Maximum Benefit	\$1,000,000 per Claimant	
Calendar Year Deductible	\$500 per Claimant; \$1,500 per Family Unit (Carry-over applies)	
Maximum Coinsurance	\$1,500 per Claimant; \$4,500 per Family Unit	
Ambulance Services	After Deductible, Plan pays 100% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Bone Density Scans • Limited to 1 scan every two Calendar Years for Preventive or Diagnostic Services	After \$50 Copayment per visit, Plan pays 100% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
Durable Medical Equipment and Supplies, Prosthetic and Orthotic Devices	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Emergency Department (Including Professional Services) ¹ Treatment of an Emergency Medical Condition ² Treatment of a Life-Threatening Illness	¹ After Deductible and \$100 Copayment per visit, Plan pays 100% of Eligible Medical Expenses. ² After Deductible and \$100 Copayment per visit, Plan pays 100% of Eligible Medical Expenses.	¹ After Deductible and Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**. ² After Deductible and Copayment, Plan pays 100% of Eligible Medical Expenses and You pay balance of billed charges**.
Home Health Care/ Home Infusion Therapy Services/Hospice Care	After \$20 Copayment per visit, Plan pays 80% and You pay 20% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
Hospital - Inpatient Facility Care (Including Professional Services) • Semi-Private Room Accommodations • Related Services and Supplies • Skilled Nursing Facility (SNF) • Inpatient Rehabilitation limited to 30 days per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20%* of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Outpatient Facility Care (Including Professional Services) ³ Minor Diagnostic X-ray and Laboratory Services ⁴ Major Diagnostic X-ray and Laboratory Services; Surgery and Related Services	³ After \$50 Copayment per visit, Plan pays 80% and You pay 20% of Eligible Medical Expenses (Deductible waived). ⁴ After Deductible and \$50 Copayment per visit, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	³ After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived). ⁴ After Deductible and Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Maternity Care	Covered Services for maternity care are the same as any other illness. Copayment for office care applies to first visit only.	
Mental Health Condition (including drug/alcohol use/abuse) Services ⁵ Inpatient limited to 10 days per Claimant per Calendar Year ⁶ Outpatient limited to 20 visits per Claimant per Calendar Year	⁵ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. 20% of Eligible Medical Expenses does not apply to Maximum Coinsurance. ⁶ After Deductible and \$20 Copayment per visit, Plan pays 80% and You pay 20% of Eligible Medical Expenses. 20% of Eligible Medical Expenses does not apply to Maximum Coinsurance.	⁵ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**. ⁶ After Deductible and Copayment, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Office or Clinic Visits for Injury/Sickness	After \$20 Copayment per visit, Plan pays 100% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
Office or Clinic Visits for Preventive Care • \$350 per Claimant per Calendar Year; unlimited for children age 5 and under • Designated Adult Preventive and Well Baby Care	After \$20 Copayment per visit, Plan pays 100% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).

	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Outpatient Physiotherapy Services <ul style="list-style-type: none"> Limited to 40 visits per Claimant per Calendar Year, after initial visit 	After \$20 Copayment per visit, Plan pays 100% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
Urgent Care Clinic	After \$20 Copayment per visit, Plan pays 100% of Eligible Medical Expenses (Deductible waived).	After Copayment, Plan pays 100% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
Benefit Payments for Accidental Injury	\$500 per Claimant per Incident for Eligible Medical Expenses received within 90 days after Accidental Injury. When services are received from Non-Contracting Providers, You pay the balance of billed charges**.	

BLUECARD PROGRAM

When You receive Covered Services outside of Utah be sure to use Participating/BlueCard PPO Providers of the Blue Cross and/or Blue Shield Plan in the area where You receive the services. When You do, the amount You pay for Covered Services is usually calculated from the lower of:

- the actual billed charges for Your Covered Services, or
- the negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Us.

Often, this “negotiated price” will consist of a simple discount, but sometimes it is an estimated final price that factors in expected settlements with Your health care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be adjusted to correct for over- or underestimation of past prices. In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating Your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When You receive covered health care services in one of those states, Your required payment for those services will be calculated using that state’s statutory methods (see the SPD for details).

LIMITATIONS

- During the 9 months immediately following Your Enrollment Date, (or 18 months immediately following Your Effective Date if a Late Enrollee), NO BENEFITS will be provided for a Preexisting Condition (“PEC”). Your PEC limitation will be reduced by the aggregate periods of Creditable Coverage applicable to You as of Your Enrollment Date.
- A “Preexisting Condition” is a physical or mental condition (except pregnancy) for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the Enrollment Date. See Booklet for details regarding late enrollment and crediting of coverage.
- Limited coverage is available for certain solid organ transplants and bone marrow and stem cell transplants (see the SPD for details).

WHAT IS NOT COVERED – This is only a partial summary of exclusions. The SPD contains a complete list of exclusions.

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| <ul style="list-style-type: none"> Artificial heart, pancreas, or liver implants; bone marrow transplants except in the treatment of certain conditions (see SPD for details) Certain treatments of mental disorders; for example biofeedback, sensitivity training, hypnosis, family or marital problems, behavior disorders, psychosexual dysfunction, learning disabilities, mental retardation (see the SPD for complete details) Cosmetic surgery; weight-loss treatment, including but not limited to surgical procedures and their reversals or revisions Counseling services, training or educational services, or services received to apply toward earning a degree Custodial care; Over-the-counter drugs and medicines (see SPD for exceptions) Experimental or investigational treatments or procedures Genetic studies; non-prescription contraceptives; reversal of sterilization; reesterilization; artificial insemination; and in vitro fertilization Massage therapy; music, art, dance, or recreation therapy Physical fitness exercise equipment and spa or club memberships Services covered by Workers Compensation, government-sponsored programs and other insurance (such as no-fault automobile insurance) Services determined by Us to be not Medically Necessary Services for temporomandibular joint (TMJ) dysfunction; dental care; jaw surgery for augmentation or reduction; appliances or restorations to increase vertical dimensions or to restore occlusion | <ul style="list-style-type: none"> Services for which the Claimant has no legal obligation to pay Services provided before the coverage begins or after coverage ends Services provided for or in connection with a non-Covered Service, including complications resulting directly from non-Covered Services rendered by a member of the patient’s immediate family Services not licensed in Utah; Treatments or procedures outside generally accepted health care practice including holistic, homeopathic, ecological or environmental medicine; acupuncture Services not specifically listed in the SPD as covered Services rendered by halfway houses, public or private schools Surgical correction of refractive errors of vision; eyeglasses, hearing aids or similar devices; routine foot care; corrective shoes and shoe accessories; personal convenience or hygiene items; special formulas, food supplements, or special diets Taxes, surcharges, tariffs, duties, assessments, or similar charges Services provided for or in connection with erectile dysfunction Telephone consultations, “missed” appointments, travel expenses, shipping, handling, postage, interest or finance charges Treatment of Illness or Injury caused by participation in illegal acts of violence; and services provided as a result of a court order or for other legal proceedings Vision and hearing examinations and/or preventive medical care, except as specifically provided |
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* If Eligible Medical Expenses for facility charges are greater than the billed charges, Your payment will be this percentage of billed charges.

** Of the balance of billed charges, which You pay, amounts in excess of Eligible Medical Expenses do not apply toward Your Maximum Coinsurance.

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.

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Uintah County Prescription Drug Benefit – Type SHS

**You pay \$7 Copayment For Generic Prescription Drugs
You Pay 20% Copayment For Formulary Name Brand Prescription Drugs
You Pay 35% Copayment For Non-formulary Name Brand Prescription Drugs
You Pay 20% Copayment For Diabetic Supplies**

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 Claimant
- 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 SPD for exceptions)
- Retin-A for Claimants 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
Regence ValueCare***

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

*A Subsidiary of Regence BlueCross BlueShield of Utah
*Independent Licensees of the BlueCross BlueShield Association

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BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Maximum Benefit	\$2,000,000 per Claimant	
Calendar Year Deductible	\$1,500 single coverage	
Maximum Out of Pocket	\$4,500 single coverage	
Ambulance Services	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Chiropractic Care <ul style="list-style-type: none">Limited to 10 visits per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Dental Care <small>¹ Hospitalization expenses for Dental Services limited to \$1,000 per Enrollee per Calendar Year ² Treatment of an Accidental Injury limited to \$1,000 per Enrollee per Accidental Injury</small>	<small>¹ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ² After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.</small>	<small>¹ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**. ² After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.</small>
Durable Medical Equipment and Supplies, Prosthetic and Orthotic Devices <small>³ Durable Medical Equipment and prosthetic and orthotic devices ⁴ Supplies related directly to the treatment of an illness or injury</small>	<small>³ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ⁴ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.</small>	<small>³ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**. ⁴ After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.</small>
Emergency Department (Including Professional Services)	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Home Health Care/ Home Infusion Therapy Services <ul style="list-style-type: none">Limited to 130 visits per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Inpatient Facility Care (Including Professional Services) <ul style="list-style-type: none">Semi-Private Room AccommodationsRelated Services and SuppliesSkilled Nursing Facility (SNF)Inpatient Rehabilitation limited to 30 days per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Outpatient Facility Care (Including Professional Services) <ul style="list-style-type: none">Surgery and Related ServicesDiagnostic X-ray and Laboratory Services	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Maternity Care	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Mental Health Condition (including drug/alcohol use/abuse) Services <ul style="list-style-type: none">Inpatient and outpatient care	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Office or Clinic Visits for Injury/Sickness	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Office or Clinic Visits for Preventive Care <ul style="list-style-type: none">Designated Adult Preventive and Well Baby Care	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.

* If Eligible Medical Expenses for facility charges are greater than the billed charges, Your payment will be this percentage of billed charges.

	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Outpatient Rehabilitation Services <ul style="list-style-type: none"> Limited to \$1,500 per Claimant per Calendar Year 	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Prescription Drugs ⁵ Prescription Drugs and formulas for inborn metabolic errors ⁶ Growth Hormones limited to \$20,000 per Enrollee per Calendar Year	⁵ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ⁶ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	⁵ After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**. ⁶ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Temporomandibular Joint Dysfunction (TMJ)	After Deductible, Plan pays 50% and You pay 50% of Eligible Medical Expenses.	After Deductible, Plan pays 50% of Eligible Medical Expenses and You pay balance of billed charges**.
Transplants <ul style="list-style-type: none"> Limited to \$250,000 per Claimant Lifetime 	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.

BLUECARD PROGRAM

When You receive Covered Services outside of Utah be sure to use Participating/BlueCard PPO Providers of the Blue Cross and/or Blue Shield Plan in the area where You receive the services. When You do, the amount You pay for Covered Services is usually calculated from the lower of:

- the actual billed charges for Your Covered Services, or
- the negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Us.

Often, this “negotiated price” will consist of a simple discount, but sometimes it is an estimated final price that factors in expected settlements with Your health care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be adjusted to correct for over- or underestimation of past prices. In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating Your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When You receive covered health care services in one of those states, Your required payment for those services will be calculated using that state’s statutory methods (see the SPD for details).

LIMITATIONS

- During the 9 months immediately following Your Enrollment Date, (or 18 months immediately following Your Effective Date if a Late Enrollee), NO BENEFITS will be provided for a Preexisting Condition (“PEC”). Your PEC limitation will be reduced by the aggregate periods of Creditable Coverage applicable to You as of Your Enrollment Date.
- A “Preexisting Condition” is a physical or mental condition (except pregnancy) for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the Enrollment Date. See Booklet for details regarding late enrollment and crediting of coverage.
- Limited coverage is available for certain solid organ transplants and bone marrow and stem cell transplants (see the SPD for details).

WHAT IS NOT COVERED – This is only a partial summary of exclusions. The SPD contains a complete list of exclusions.

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| <ul style="list-style-type: none"> Artificial heart, pancreas, or liver implants; bone marrow transplants except in the treatment of certain conditions (see SPD for details) Certain treatments of mental disorders; for example biofeedback, sensitivity training, hypnosis, family or marital problems, behavior disorders, psychosexual dysfunction, learning disabilities, mental retardation (see the SPD for complete details) Cosmetic surgery; weight-loss treatment, including but not limited to surgical procedures and their reversals or revisions Counseling services, training or educational services, or services received to apply toward earning a degree Custodial care; Over-the-counter drugs and medicines (see SPD for exceptions) Experimental or investigational treatments or procedures Genetic studies; non-prescription contraceptives; reversal of sterilization; reesterilization; artificial insemination; and in vitro fertilization Massage therapy; music, art, dance, or recreation therapy Mental Health Condition services Physical fitness exercise equipment and spa or club memberships Services covered by Workers Compensation, government-sponsored programs and other insurance (such as no-fault automobile insurance) Services determined by Us to be not Medically Necessary Services for temporomandibular joint (TMJ) dysfunction; dental care; jaw surgery for augmentation or reduction; appliances or restorations to increase vertical dimensions or to restore occlusion | <ul style="list-style-type: none"> Services for which the Claimant has no legal obligation to pay Services provided before the coverage begins or after coverage ends Services provided for or in connection with a non-Covered Service, including complications resulting directly from non-Covered Services Services rendered by a member of the patient’s immediate family Services not licensed in Utah; Treatments or procedures outside generally accepted health care practice including holistic, homeopathic, ecological or environmental medicine; acupuncture Services not specifically listed in the SPD as covered Services rendered by halfway houses, public or private schools Surgical correction of refractive errors of vision; eyeglasses, hearing aids or similar devices; routine foot care; corrective shoes and shoe accessories; personal convenience or hygiene items; special formulas, food supplements, or special diets Taxes, surcharges, tariffs, duties, assessments, or similar charges Services provided for or in connection with erectile dysfunction Telephone consultations, “missed” appointments, travel expenses, shipping, handling, postage, interest or finance charges Treatment of Illness or Injury caused by participation in illegal acts of violence; and services provided as a result of a court order or for other legal proceedings Vision and hearing examinations and/or preventive medical care, except as specifically provided |
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**Of the balance of billed charges, which You pay, amounts in excess of Eligible Medical Expenses do not apply toward Your Maximum Coinsurance.

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.

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BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Maximum Benefit	\$2,000,000 per Claimant	
Calendar Year Deductible	\$3,000 per Family Unit	
Maximum Out of Pocket	\$7,500 per Family Unit	
Ambulance Services	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Chiropractic Care • Limited to 10 visits per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Dental Care ¹ Hospitalization expenses for Dental Services limited to \$1,000 per Enrollee per Calendar Year ² Treatment of an Accidental Injury limited to \$1,000 per Enrollee per Accidental Injury	¹ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ² After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	¹ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**. ² After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Durable Medical Equipment and Supplies, Prosthetic and Orthotic Devices ³ Durable Medical Equipment and prosthetic and orthotic devices ⁴ Supplies related directly to the treatment of an illness or injury	³ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ⁴ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	³ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**. ⁴ After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Emergency Department (Including Professional Services)	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Home Health Care/ Home Infusion Therapy Services • Limited to 130 visits per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Inpatient Facility Care (Including Professional Services) • Semi-Private Room Accommodations • Related Services and Supplies • Skilled Nursing Facility (SNF) • Inpatient Rehabilitation limited to 30 days per Claimant per Calendar Year	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Outpatient Facility Care (Including Professional Services) • Surgery and Related Services • Diagnostic X-ray and Laboratory Services	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Maternity Care	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Mental Health Condition (including drug/alcohol use/abuse) Services • Inpatient and outpatient care	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**.
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	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
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Prescription Drugs ⁵ Prescription Drugs and formulas for inborn metabolic errors ⁶ Growth Hormones limited to \$20,000 per Enrollee per Calendar Year	⁵ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses. ⁶ After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	⁵ After Deductible, Plan pays 80% of Eligible Medical Expenses and You pay balance of billed charges**. ⁶ After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Temporomandibular Joint Dysfunction (TMJ)	After Deductible, Plan pays 50% and You pay 50% of Eligible Medical Expenses.	After Deductible, Plan pays 50% of Eligible Medical Expenses and You pay balance of billed charges**.
Transplants <ul style="list-style-type: none"> Limited to \$250,000 per Claimant Lifetime 	After Deductible, Plan pays 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, Plan pays 60% of Eligible Medical Expenses and You pay balance of billed charges**.

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- the actual billed charges for Your Covered Services, or
- the negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Us.

Often, this “negotiated price” will consist of a simple discount, but sometimes it is an estimated final price that factors in expected settlements with Your health care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be adjusted to correct for over- or underestimation of past prices. In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating Your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When You receive covered health care services in one of those states, Your required payment for those services will be calculated using that state’s statutory methods (see the SPD for details).

LIMITATIONS

- During the 9 months immediately following Your Enrollment Date, (or 18 months immediately following Your Effective Date if a Late Enrollee), NO BENEFITS will be provided for a Preexisting Condition (“PEC”). Your PEC limitation will be reduced by the aggregate periods of Creditable Coverage applicable to You as of Your Enrollment Date.
- A “Preexisting Condition” is a physical or mental condition (except pregnancy) for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the Enrollment Date. See Booklet for details regarding late enrollment and crediting of coverage.
- Limited coverage is available for certain solid organ transplants and bone marrow and stem cell transplants (see the SPD for details).

WHAT IS NOT COVERED – This is only a partial summary of exclusions. The SPD contains a complete list of exclusions.

- | | |
|--|---|
| <ul style="list-style-type: none"> Artificial heart, pancreas, or liver implants; bone marrow transplants except in the treatment of certain conditions (see SPD for details) Certain treatments of mental disorders; for example biofeedback, sensitivity training, hypnosis, family or marital problems, behavior disorders, psychosexual dysfunction, learning disabilities, mental retardation (see the SPD for complete details) Cosmetic surgery; weight-loss treatment, including but not limited to surgical procedures and their reversals or revisions Counseling services, training or educational services, or services received to apply toward earning a degree Custodial care; Over-the-counter drugs and medicines (see SPD for exceptions) Experimental or investigational treatments or procedures Genetic studies; non-prescription contraceptives; reversal of sterilization; reesterilization; artificial insemination; and in vitro fertilization Massage therapy; music, art, dance, or recreation therapy Mental Health Condition services Physical fitness exercise equipment and spa or club memberships Services covered by Workers Compensation, government-sponsored programs and other insurance (such as no-fault automobile insurance) Services determined by Us to be not Medically Necessary Services for temporomandibular joint (TMJ) dysfunction; dental care; jaw surgery for augmentation or reduction; appliances or restorations to increase vertical dimensions or to restore occlusion | <ul style="list-style-type: none"> Services for which the Claimant has no legal obligation to pay Services provided before the coverage begins or after coverage ends Services provided for or in connection with a non-Covered Service, including complications resulting directly from non-Covered Services Services rendered by a member of the patient’s immediate family Services not licensed in Utah; Treatments or procedures outside generally accepted health care practice including holistic, homeopathic, ecological or environmental medicine; acupuncture Services not specifically listed in the SPD as covered Services rendered by halfway houses, public or private schools Surgical correction of refractive errors of vision; eyeglasses, hearing aids or similar devices; routine foot care; corrective shoes and shoe accessories; personal convenience or hygiene items; special formulas, food supplements, or special diets Taxes, surcharges, tariffs, duties, assessments, or similar charges Services provided for or in connection with erectile dysfunction Telephone consultations, “missed” appointments, travel expenses, shipping, handling, postage, interest or finance charges Treatment of Illness or Injury caused by participation in illegal acts of violence; and services provided as a result of a court order or for other legal proceedings Vision and hearing examinations and/or preventive medical care, except as specifically provided |
|--|---|

**Of the balance of billed charges, which You pay, amounts in excess of Eligible Medical Expenses do not apply toward Your Maximum Coinsurance.

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.



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This is a partial summary of benefits only and in the event of any inconsistency between this summary and Your Summary Plan Description (SPD), the terms of the SPD will prevail. The SPD contains a complete detail of benefits, limitations and exclusions, and describes grievance procedures.

BENEFIT	CONTRACTING DENTIST	NON-CONTRACTING DENTIST
Maximum Benefit	\$750 per Claimant per Calendar Year; further limited to \$1,500 per Claimant Lifetime \$1,000 per Claimant per Calendar Year for all other Covered Dental Services	
Calendar Year Deductible	\$50 per Claimant; maximum of 3 per Family Unit – Deductible does not apply to Preventive and Diagnostic Dental Services \$250 per Claimant Lifetime for Orthodontic Dental Services	
Basic Dental Services	After Deductible, Plan pays 80% and You pay 20% of Eligible Dental Expenses.	
Restorative Services		
<ul style="list-style-type: none"> Extractions Fillings using silver amalgam, silicate or plastic Emergency palliative treatment Repair of dentures and bridges Anesthesia 		
Periodontic Services		
<ul style="list-style-type: none"> Surgical periodontic examination Subgingival and gingival curettage Osseous and mucogingivoplastic surgery Gingivectomy and gingivoplasty Management of acute infection and oral lesions 		
Endodontic Services		
<ul style="list-style-type: none"> Pulpotomy Pulp Capping Root canal treatment Apicoectomy 		
Orthodontic Dental Services	After Deductible, Plan pays 50% and You pay 50% of Eligible Dental Expenses.	
<ul style="list-style-type: none"> \$250 Deductible per Claimant Lifetime \$1,500 per Claimant Lifetime 		
Preventive and Diagnostic Dental Services	Plan pays 100% of Eligible Dental Expenses.	
<ul style="list-style-type: none"> Oral examinations (2 per Calendar Year) Prophylaxis treatment (2 per Calendar Year) X-rays (full mouth limited to one per 3-year period) Topical fluoride treatment (to age 23; 2 per Calendar Year) Sealants for permanent molars (to age 15) Space maintainers (to age 13) 		
Prosthodontic Dental Services	After Deductible, Plan pays 50% and You pay 50% of Eligible Dental Expenses.	
<ul style="list-style-type: none"> Inlays, onlays and crowns Bridges, fixed and removable Dentures, full and partial Vestibuloplasty 		

LIMITATIONS

- Gold crowns, gold inlays and gold onlays are payable only when materials such as plastic and porcelain cannot be used. When gold restorations are not necessary, the amount payable will be limited to the amount that would have been allowed for plastic
- For other types of fillings (such as gold foil), the amount payable will be limited to the amount that would have been allowed for an amalgam restoration

WHAT IS NOT COVERED – This is only a partial summary of exclusions. The SPD contains a complete list of exclusions.

- Appliances or restorations necessary to increase vertical dimensions or to restore occlusion
- Dental services for which the Claimant incurs no charge
- Gold foil restoration
- Orthodontic Dental Services deemed to have been performed after termination of coverage hereunder or after orthodontic treatment has been terminated for any reason
- Replacement of dentures less than five years old
- Replacement of lost or stolen dentures (full or partial)
- Replacement or repair of orthodontic appliances
- Services for congenital malformations; primarily for cosmetic purposes; or for dental implants
- Services or supplies covered by worker's compensation law, employer's liability law, or furnished by any federal or state agency or other political subdivision
- Services rendered after termination of coverage; except for prosthetic devices which were fitted and ordered prior to termination and were delivered within thirty days after termination date Services not specified as Covered Dental Services
- Services rendered by a dentist beyond the scope of his/her license
- Services rendered prior to the Claimant's Effective Date. With respect to Prosthodontic Services in connection with a course of treatment begun prior to the Effective Date, services will be excluded even if some such services were rendered after your Effective Date
- Services received from a dental or medical department maintained by or on behalf of an employer
- Temporomandibular joint dysfunction
- Upper and lower jaw augmentation or reduction procedures (orthognathic surgery)

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.

This is a partial summary of benefits only. The Summary Plan Description contains a complete detail of benefits, limitations and exclusions.

Vision Examination:	Paid at 80% of Billed Charges to a maximum of \$40 per Claimant.
Lenses and Frames or Contact Lenses:	Paid at 80% to a maximum benefit of \$160 per Claimant.
Radial Keratotomy and Vision Correction Surgery	Paid at 50% of Billed Charges to a maximum amount of \$1,000 per Claimant per eye.
<p>Claimants are covered for one vision examination per Calendar Year. Other benefits are limited to <u>either</u> one pair of eyeglasses (lenses and frames) <u>or</u> contact lenses every Calendar Year for each Claimant.</p>	

WHAT IS NOT COVERED...

The following is only a partial summary of exclusions. The Vision Care Rider contains the complete list of exclusions.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Contact lenses or lenses and frames ordered prior to the Enrollee's Effective Date • Contact lenses or lenses and frames provided in excess of the frequency limitation because of loss, damage, prescription change or any other reason • Diagnostic services other than those provided as components of a vision examination, and medical or surgical treatment | <ul style="list-style-type: none"> • Services or supplies determined by Us to be special or unusual including, but not limited to, orthoptics, vision training, and low vision aids • Services or supplies not specified as Covered Vision Services |
|---|---|



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Special Beginnings®

1 (888) JOY-BABY

Take the first steps to health during your pregnancy by enrolling in Special Beginnings - a program designed with you and your baby's health in mind. Special Beginnings offers prenatal education and support aimed at achieving full-term deliveries of healthy babies. Special Beginnings provides additional personalized information, resources and attention throughout your pregnancy, all designed to complement your prenatal care from a medical professional.

Why enroll in the Special Beginnings program?

The information and resources this program provides can help you be more informed about your health. By sticking with your prenatal care schedule, learning about your pregnancy, taking care of yourself, and using all the resources available to you, you can increase your chances of having a healthy pregnancy and delivering a healthier baby.

Special Beginnings will provide you with:

- A book or DVD about pregnancy (with options in Spanish)
- Packets of customerized pregnancy information
- Regular contact from your assigned program nurse
- Guidance through the health care system
- Reinforcement of your doctor's care guidelines
- Access to a nurse by telephone 24 hours a day, 7 days a week
- Rewards points at **myRegence.com** for completing the program

Special Beginnings can do the most good when a woman enrolls early in her pregnancy. It is free, helpful, and easy to join. To enroll in Special Beginnings or receive additional information, call **1 (888) JOY-BABY [569-2229]**.



Regence Disease Management

1 (866) 543-5765

If you've been diagnosed with diabetes, anxiety, depression, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), disease management can help you take an active role in your health and prevent future complications associated with these conditions. Our disease management programs provide the targeted education and support you need to develop self-care skills, manage your condition, and make the most of your health care benefits. Your participation is free, voluntary, and completely confidential.

Why Consider Disease Management?

Effective use of health care dollars is achieved by early intervention and long term management of chronic conditions. As you take charge of your health, the need for expensive procedures, hospitalizations, and emergency room visits can be reduced. Here are some statistics our programs can help impact:

- Diabetes is associated with an increased risk for many serious, and sometimes life-threatening, complications.
- Anxiety Disorders affect up to 17% of the population and often complicate other medical conditions.
- Depression affects as many as one in ten people at some time in their lives.
- Asthma is one of the most common diseases in the United States, and is becoming increasingly prevalent in both adults and children.
- COPD is a lung disease that includes chronic bronchitis and emphysema.
- CHF is a leading cause of hospitalization in the aged population.
- CAD is the most common type of cardiovascular disease; and is the most common chronic condition in the world.

How the Programs Work:

We know that managing risk factors can help prevent future complications, but we also know that this is easier said than done. Disease management programs combine the clinical expertise you want with the encouragement you need to succeed. Here is how the programs work:

- You'll receive tailored interventions, including educational materials and nurse support as needed, based on your individual risk.
- We'll be sure you understand your physicians' care plan and how to stick to it.
- We can direct you to other Regence services, if needed, such as Case Management.
- You'll have access to credible health information that helps you better understand and be more active in your health through our member site, **www.myRegence.com**.

Want to Learn More?

If you, a covered dependent, or your physician would like to request additional information or speak to a program nurse, please call 1 (866) 543-5765



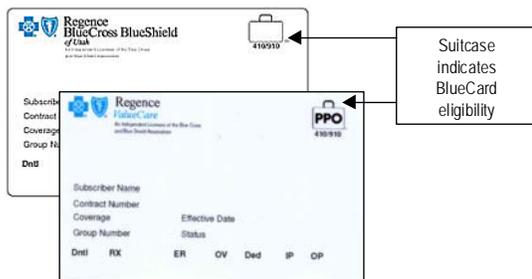
Regence

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BlueCard

The BlueCard program gives our members a worldwide passport to quality health care. Through our affiliation with the BlueCross BlueShield Association, our members have access to participating physicians and hospitals nationwide and a network of hospitals in over 218 countries worldwide. Some of the features and benefits of this outstanding program are as follows:

- Freedom of Choice** Members choose the doctor or hospital that works best for them and their families from over 85% of physicians and 96% of hospitals nationwide.
- Easy Access** Locating a participating provider on the internet (www.bcbs.com) or by telephone (1-800-810-BLUE) is fast and easy.
- Identical Benefits** Members enjoy the same in-network benefit levels nationwide when they use a participating provider from any BlueCross and/or BlueShield plan.
- Less Paperwork** The provider files the claim and the plan pays the provider directly with no balance billing.
- Peace of Mind** Members know quality health care is available wherever they or their dependents go.
- Savings** Negotiated discounts averaging 45% mean savings to both employee and employers alike.
- Local Service** Local offices and knowledgeable member service representatives are readily available to answer questions or resolve problems.
- National Recognition** The BlueCross BlueShield member card is our trademark and is recognized both nationally and internationally.
- Worldwide Coverage** BlueCard Worldwide includes a network of hospitals in over 218 foreign countries with a medical assistance coordinator to help make appointments and other arrangements.



BlueCross BlueShield members see BlueCard Traditional providers for out-of-area care.

Regence ValueCare & Regence HealthWise members see BlueCard PPO providers for out-of-area care.

Looking for a doctor?

Our online directory makes it quick and easy!

Finding a doctor online takes just seconds

Whether you want to know if your doctor is in your network or need to find a new one, our online provider directory can help.

Find a Provider

Provider Search Already a member? Search at [myRegence.com](#)

Select a Provider Type Help

I'm looking for... I only want...

Show language and gender options

Select a Network

I'm looking for a provider in this network group... [Need help?](#) Is my doctor covered?

Select a Location

I'd like to see someone near... OR

Show street address and proximity options

Search

Find a Provider

Search Again

92 results for your Search Criteria

Distance	General Information	Specialty	Networks	Gender
1.3 miles	Doctor, Lyah 1101 Madison St Seattle, WA 98104 (206) 555-1234 View Map	Ophthalmology	TRG - WA RBS Healthy Options - WA Boeing Traditional Medical Plan Category 1- Preferred Provider - WA Preferred Provider - WA Selections Network Selections - WA Category 2- Participating Providers - WA Participating - WA MedAdvantage	F
5.8 miles	Mology, Opitho 10330 Meridian Ave N STE 1570 Seattle, WA 98133 (206) 555-5678 View Map	Ophthalmology	TRG - WA RBS Healthy Options - WA Boeing Traditional Medical Plan Category 1- Preferred Provider - WA Preferred Provider - WA Selections Network Selections - WA Category 2- Participating Providers - WA Participating - WA	F

1. Go to **www.regence.com**.
2. Click on *Find a Provider* at the top of the screen.
3. Click on *Start here* under "Search Provider Networks."

Find a specific doctor:

1. Key the doctor's last name into the field located under the header "Is my doctor covered?"
2. Under "Select a Location," provide the city and state **or** enter the ZIP code.
3. Click on *Search*.

Create a list of providers to choose from:

1. Under "Select a Provider Type" choose a provider type. For example, if you're looking for a physician, select "Care Providers & Doctors."
2. Choose a specialty. The list of specialties will correspond with the provider type you selected.
3. Under "Select a Network," find your state name and then choose your plan's network.
4. Under "Select a Location," provide the city and state **or** key in a ZIP code.
5. Click on *Search*.

Let us know if we can help

Customer Service can also help you find a doctor or pharmacy or tell you whether yours is in the network. Just give Regence Customer Service a call at:

Innova & Engage Products 1 (888) 367-2119
All Other Products 1 (801) 333-2100 or toll-free: 1 (800) 624-6519

myRegence.com

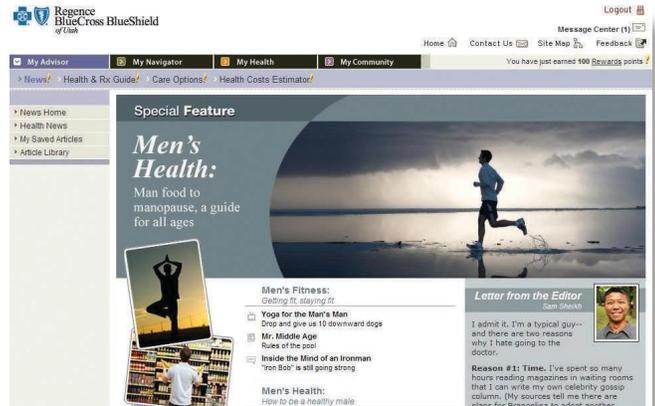
powered by the Regence Engine

Members can access **myRegence.com** and discover integrated resources, tools and programs to help navigate the health care system. It's a power source to advise members in their health decisions and reward them for living well.

Advise

Consider health care decisions, explore treatment options and plan ahead for financial needs.

- **Perform** hospital cost and quality comparisons
- **Review** treatment options with the medical library
- **Explore** prescription options and generic alternatives to save money



Navigate

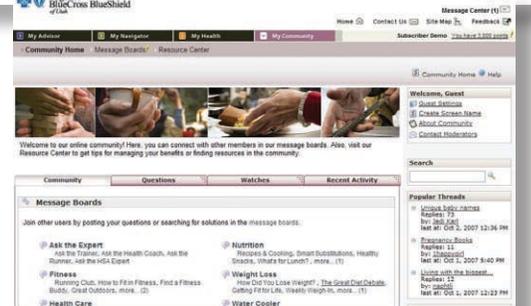
Discover help to navigate the health care system with improved transparency and tools to make informed health care decisions.

- **Understand** care options
- **Review** claims and other transactions
- **Perform** tasks associated with health care coverage
- **Join** message boards on important health topics at My Community

My Navigator

My Account > View Claims > Providers **new** > Forms

	Date	Member	Provider	Claim Status	Charge	Paid	
View	Oct-01-2006	DAUGHTER	DELGADO, JAMES L.	In Process	\$200.00		Current Account Member ID: DEM006
View	Oct-01-2006	DAUGHTER	MARTONICK, GREGORY J.	In Process	\$350.00		Register Other Coverage Select Other Coverage (if registered)
View	Oct-01-2006	SON	MARTONICK, GREGORY J.	In Process	\$350.00		



Reward

Healthy living has its own rewards, but Regence Rewards points can help. You can earn points at **myRegence.com**.

- **Earn** points just for browsing
- **Receive** points when joining a health event or program
- **Redeem** points for gift certificates to hundreds of popular stores, theaters, restaurants, and more



myRegence.com

advise.navigate.reward.

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Regence

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Access myRegence.com

Your power source for good health

Members will discover online resources and interactive experiences focused on their health. Research, navigate, understand, earn, learn, save, join and compare—all in one place.

Getting started is easy

Regence members can take charge of health care decisions and track progress for themselves and their families. You just use the information on your Member card to log on to **myRegence.com**. Registration is just a few easy steps away!

Meaningful information members can use

Besides being able to review claims and check transactions, members can also perform in-depth research on treatment options and compare costs at hospitals. This is meaningful information connected to your health care options, helping you become better health care consumers.

Prescriptions made easy

Members can use the online tools to learn more about the prescription medications that are prescribed to them—and discover lower cost generic alternatives.

A ticket to programs and events

On **myRegence.com**, members get the inside scoop on special programs and presentations, on-site seminars, original multimedia content and live events.

Health Risk Assessment tools boost knowledge

myRegence.com features robust Health Risk Assessment software that allows members to discover their unique health risks and how to mitigate them.

Meet Other Members on “My Community”

myRegence.com now includes **My Community**—an open forum where members are talking with each other and with experts on topics ranging from weight loss and workout routines to parenting and smoking cessation.



myRegence.com

advise.navigate.reward.

Powered by The Regence Engine

Non-Preferred/Non-Formulary Brands: Generic and Preferred Brand Alternatives Effective January 1, 2007

This list can be used to assist you and your doctor in choosing a preferred/formulary alternative.

- Generic medications are listed in lower case bold. Example: **lisinopril**
- Non-preferred/non-formulary brands are listed in parenthesis only as a reference for generically available medications.
- This is a partial list. New or rarely used medications may not be listed. Please refer to formulary listing for all formulary medication products.
- Other, less-expensive options may be available over the counter (OTC) without a prescription. OTC products generally are not a covered prescription benefit.

Additional Information:

- Preferred/formulary products are limited to the dosage form and strength listed; if no strength is listed, all strengths for the listed dosage form are preferred/formulary.
- Sustained action/release (SA/SR), extended release (ER/XR), long-acting (LA), and enteric coated (EC) medications are only preferred/ or formulary if listed.
- Occasionally, preferred/formulary medications may be contract exclusions and, therefore, are not covered.
- Some medications may require prior authorization or have quantity limits.

Please note that the PML/formulary list may change. To view the most current list, visit our Web site at www.regencrx.com. For more detailed prescription benefit information, please refer to your benefits booklet.

Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives	Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives
A			
Abilify [®]	Risperdal [®] , Zyprexa [®] , Seroquel [®]	Alamast [®]	cromolyn ophthalmic (Crolom [®]), ketotifen fumarate ophthalmic solution (Zaditor [®]), Alocril [®] , Patanol [®]
Accu-Chek [®]	Ascensia [®] test strips*	Aldara [®]	podofilox (Condylox [®])
Aceon [®]	benazepril (Lotensin [®]), lisinopril (Zestril [®] , Prinivil [®]), fosinopril (Monopril [®]), enalapril (Vasotec [®]), quinapril (Accupril [®]), moexipril (Univasc [®])	Allegra-D [®]	OTC loratadine* + decongestant* , OTC Claritin-D ^{®*} , OTC Alavert-D ^{™*} , fxodenadine (Allegra [®]) + decongestant
Aciphex [®]	ranitidine (Zantac [®]), omeprazole (Prilosec [®]), Prilosec OTC [™]	Alomide [®]	cromolyn ophthalmic (Crolom [®]), ketotifen fumarate ophthalmic solution (Zaditor [®]), Alocril [®] , Patanol [®]
Activella [®]	estradiol (Estrace [®]) + medroxyprogesterone (Provera [®]), FemHRT [®] , Prempro [®] , Premphase [®]	Altace [®]	benazepril (Lotensin [®]), lisinopril (Zestril [®] , Prinivil [®]), fosinopril (Monopril [®]), enalapril (Vasotec [®]), quinapril (Accupril [®]), moexipril (Univasc [®])
Adoxa [®]	doxycycline (Vibramycin [®])	Amerge [®]	Imitrex [®] , Maxalt [®] , Zomig [®] , Relpax [®]
Advair [®]	(Azmacort [®] /Flovent [®] /Pulmicort [®] /QVAR [®]) + Serevent [®] /Foradil [®]	Arthrotec [®]	diclofenac (Voltaren [®] XR), etodolac (Lodine [®] XL), naproxen (Naprosyn [®]), salsalate (Disalcid [®]), choline magnesium trisalicylate (Trilisate [®])
Advicor [®]	simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®] + Niaspan [®]	Atacand [®]	Benicar [™] , Micardis [®]
Aerobid [®] / M	Azmacort [®] , Flovent [®] , Pulmicort [®] , QVAR [®]		
Aggrenox [®]	cilostazol (Pletal [®]), dipyridamole (Persantine [®]) + aspirin (OTC), ticlopidine (Ticlid [®]), Plavix [®]		

*May not be a covered benefit under some plans.

Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives	Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives
Atacand HCT [®]	Benicar HCT [™] , Micardis HCT [®]	Cozaar [®]	Benicar [™] , Micardis [®]
Augmentin XR [®]	amoxicillin/clavulanate (Augmentin [®])	Cyclessa [®]	velivet, cesia
Avalide [®]	Benicar HCT [™] , Micardis HCT [®]	Cymbalta [®]	fluoxetine (Prozac [®]), paroxetine (Paxil [®]), citalopram (Celexa [®]), bupropion SR (Wellbutrin SR [®])
Avandamet [®]	glyburide (Diabeta [®]), glipizide (Glucotrol [®]), metformin (Glucophage [®])	D	
Avapro [®]	Benicar [™] , Micardis [®]	Denavir [®]	acyclovir capsule (Zovirax [®])
Avinza [®]	morphine SR (MS Contin [®])	Dermatop [®]	betamethasone valerate (Beta-val[®]) , betamethasone dipropionate (Diprolene [®]), flunisolone acetonide (Synalar [®]), triamcinolone acetonide (Aristocort [®])
Avodart [®]	terazosin (Hytrin [®]), doxazosin (Cardura [®]), finasteride (Proscar [®])	Detrol [®]	oxybutynin (Ditropan [®]), Detrol LA [®] , Ditropan XL [®]
Axert [®]	Imitrex [®] , Maxalt [®] , Zomig [®] , Relpax [®]	Diovan [®]	Benicar [™] , Micardis [®]
B		Diovan HCT [®]	Benicar HCT [™] , Micardis HCT [®]
Bacitracin [®] ophthalmic	neomycin/polymyxin/bacitracin , neomycin/polymyxin/gramacidin (Neosporin [®])	Doryx [®]	doxycycline hyclate (Vibramycin [®])
BenzaClin [®]	erythromycin/benzoyl peroxide (Benzamycin [®])	Duac [®]	erythromycin/benzoyl peroxide (Benzamycin [®])
Betaseron [®]	Avonex [®] , Rebif [®]	DynaCirc CR [®]	diltiazem SR (Cardizem SR [®]), verapamil SR (Calan SR [®]), nifedipine SA (Adalat CC [®]), felodipine (Plendil [®])
B-D [®] test strips	Ascensia [®] test strips*	E	
Biaxin XL [®]	clarithromycin , erythromycin (E-mycin [®] , EES [®]), doxycycline (Vibramycin [®]), azithromycin (Zithromax [®])	Elidel [®]	triamcinolone (Aristocort [®]), betamethasone (Diprolene [®]), fluocinolone (Synalar [®])
Brevoxyl [®]	benzoyl peroxide (Desquam [®] , Benzac [®])	Entocort EC [®]	prednisone, methylprednisolone
C		Estratest [®] / H.S.	estradiol (Estrace [®]), estropipate (Ogen [®]), Premarin [®] , Cenestin [®]
Caduet [®]	diltiazem SR (Cardizem SR [®]), verapamil SR (Calan SR [®]), nifedipine SA (Adalat CC [®]), felodipine (Plendil [®]) + simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®]	Estring [®]	estradiol (Estrace [®]), Premarin [®] vaginal cream
Celebrex [®]	diclofenac (Voltaren [®] XR), etodolac (Lodine [®] XL), naproxen (Naprosyn [®]), salsalate (Disalcid [®]), choline magnesium trisalicylate (Trilisate [®])	F	
Cipro XR [®]	ciprofloxacin (Cipro [®])	Femring [®]	estradiol (Estrace [®]), Premarin [®] vaginal cream
Ciprodex [®]	Cipro HC [®]	Finacea [®]	Azelex [®]
Clarinet [®]	OTC loratadine* , OTC Claritin[®]* , OTC Alavert[™]*	Flarex [®]	fluorometholone (Fluor-Op [®]), prednisolone sodium acetate (Pred Forte [®]), Alrex [®] , FML S.O.P. [®]
Climara [®]	estradiol , estropipate , Esclim [®] , Estraderm [®] , Vivelle [®] , Vivelle DOT [®]	Flomax [®]	terazosin (Hytrin [®]), prazosin (Minipress [®]), doxazosin (Cardura [®]), Uroxatral [®]
Climara Pro [®]	FemHRT [®] , Prempro [®] , Premphase [®]	Focalin [®]	methylphenidate ER (Ritalin SR [®]), Metadate CD [®]
Clobex [®]	clobetasol propionate (Temovate [®]), betamethasone dipropionate (Diprolene [®])	Foltx [®]	folic acid + Vitamin B12 + Vitamin B6
Colazal [®]	sulfasalazine (Azulfidine Entabs [®]), Asacol [®] , Dipentum [®] , Pentasa [®]	Fortamet [®]	metformin (Glucophage [®])
Combipatch [®]	FemHRT [®] , Prempro [®] , Premphase [®]	Freestyle [®] test strips	Ascensia [®] test strips*
Concerta [®]	methylphenidate ER (Ritalin SR [®]), Metadate CD [®] , Adderall XR [®]	Frova [®]	Imitrex [®] , Maxalt [®] , Zomig [®] , Relpax [®]
Cortef [®]	prednisone (Deltasone [®]), dexamethasone (Decadron [®]), methylprednisolone (Medrol [®])	G	
		Geodon [®]	Risperdal [®] , Zyprexa [®] , Seroquel

*May not be a covered benefit under some plans.

Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives	Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives
Glyset [®]	glyburide (Diabeta [®]), glipizide (Glucotrol [®]), metformin (Glucophage [®])	Nasarel [®]	flunisolide (Nasalide [®]), Rhinocort Aqua [®] , fluticasone propionate (Flonase [®]), Beconase AQ [®] , Nasacort AQ [®] , Nasonex
H		Natelle [®]	generic prenatal vitamins with folic acid
Half-Lytely [®]	polyethylene glycol/electrolyte solution	Nexium [®]	ranitidine (Zantac [®]), omeprazole (Prilosec [®]), Prilosec OTC [™]
Humira [®]	methotrexate (Rheumatrex [®]), leflunomide (Arava [®]), Enbrel [®]	Norvasc [®]	felodipine (Plendil [®]), nifedipine SA (Adalat CC [®])
Hyzaar [®]	Benicar HCT [™] , Micardis HCT [®]	NuvaRing [®]	generic oral contraceptives*
I		O	
Innopran XL [®]	propranolol (Inderal [®]), atenolol (Tenormin [®]), Inderal LA [®]	O-Cal FA	generic prenatal vitamins with folic acid
K		Olux [®]	clobetasol (Temovate [®])
Ketek [®]	amoxicillin/clavulanate (Augmentin [®]), clarithromycin (Biaxin [®]), doxycycline (Vibramycin [®]), azithromycin (Zithromax [®])	One-Touch [®] test strips	Ascensia [®] test strips*
Kineret [®]	methotrexate (Rheumatrex [®]), leflunomide (Arava [®]), Enbrel [®]	Ovcon [®]	generic oral contraceptives *
Klaron [®]	benzoyl peroxide (Desquam [®]), Azelex [®] , erythromycin/benzoyl peroxide (Benzamycin [®])	Oxytrol [®]	oxybutynin (Ditropan [®]), Detrol LA [®] , Ditropan XL [®]
L		Oxistat [®]	miconazole (Monistat [®]), clotrimazole (Lotrimin [®]), ketoconazole (Nizoral [®]), nystatin (Mycostatin [®])
Lamisil [®] *	fluconazole (Diflucan [®]), itraconazole (Sporanox [®])*	P	
Lescol [®]	simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®]	Paxil CR [®]	paroxetine (Paxil [®])
Lescol XL [®]	simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®]	Ponstel [®]	diclofenac (Voltaren [®]), etodolac (Lodine [®]), naproxen (Naprosyn [®]), salsalate (Disalcid [®]), choline magnesium trisalicylate (trilisate [®])
Levaquin [®]	ofloxacin (Floxin [®]), ciprofloxacin (Cipro [®]), Avelox [®]	Precare Prenatal [®]	generic prenatal vitamins
Levlen [®]	aviane* , lessina* , levora* , portia*	Precision QID [®]	Ascensia [®] test strips*
Lexapro [®]	fluoxetine (Prozac [®]), paroxetine (Paxil [®]), citalopram (Celexa [®])	Precision Xtra [®] teststrips	Ascensia [®] test strips*
Lidoderm [®]	amitriptyline (Elavil [®]), nortriptyline (Pamelor [®]), gabapentin (Neurontin [®])	Prenate Elite [®]	generic prenatal vitamins with folic acid
Lipitor [®]	simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®]	Prevident 5000 Pplus	sodium fluoride gel
Livostin [®]	cromolyn ophthalmic (Crolom [®]), ketotifen fumarate ophthalmic solution (Zaditor [®]), Alocril [®] , Patanol [®]	Primacare prenatal [®]	generic prenatal vitamins with folic acid
Lotrel [®]	nifedipine SA (Adalat CC [®])/ felodipine (Plendil [®]) + benazepril (Lotensin [®])	Prometrium [®]	medroxyprogesterone (Provera [®])
M		Protonix [®]	ranitidine (Zantac [®]), omeprazole (Prilosec [®]), Prilosec OTC [™]
Malarone [®]	hydroxychloroquine (Plaquenil [®]), mefloquine (Lariam [®]), chloroquine (Aralen [®])	Protopic [®]	triamcinolone (Aristocort [®]), betamethasone (Diprolene [®]), fluocinolone (Synalar [®])
Maxair [®]	albuterol (Proventil [®]), Proventil HFA [®]	Provigil [®]	methylphenidate ER (Ritalin SR [®]), dextroamphetamine (Dexedrine [®]), amphetamine/dextroamphetamine (Adderall [®])
Mircette [®]	Kariva*	Prozac Weekly [®]	fluoxetine (Prozac [®])
N		R	
Namenda [®]	Aricept [®] , Exelon [®] , Razadyne [™]	Renagel [®]	PhosLo [®]

*May not be a covered benefit under some plans.

Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives
Ritalin LA [®]	methylphenidate ER, Metadate CD[®]
S	
Sanctura [®]	oxybutynin (Ditropan [®]), Detrol LA [®] , Ditropan XL [®]
Sarafem [®]	fluoxetine (Prozac [®])
Seasonale [®]	levora, * portia, * Nordette^{®*}
Skelaxin [®]	carisoprodol (Soma [®]), cyclobenzaprine (Flexeril [®]), methocarbamol (Robaxin [®])
Spectracef [®]	cefuroxime (Ceftin [®]), cefaclor (Ceclor [®])
Starlix [®]	glyburide (Diabeta [®]), glipizide (Glucotrol [®]), metformin (Glucophage [®])
Strattera [®]	methylphenidate ER, Metadate CD[®], Adderall XR[®]
Symbyax [®]	fluoxetine (Prozac [®]) + Zyprexa [®]
T	
Tarka [®]	Mavik [®] + verapamil (Calan [®])
Tequin [®]	ofloxacin (Floxin [®]), ciprofloxacin (Cipro [®]), Avelox [®]
Teveten [®]	Benicar [™] , Micardis [®]
Tiazac [®]	diltiazem SR (Dilacor XR [®])
Trans-Derm Scop [®]	meclizine (Antivert [®])
Triaz [®]	benzoyl peroxide (Desquam [®])
Tricor [®]	gemfibrozil (Lopid [®]), fenofibrate (LoFibra)
Trileptal [®]	carbamazepine (Tegretol [®])
Tri-Levlen [®]	trivora*, enpresse*, Triphasil^{®*}
Truvada [®]	Emtriva [®] + Viread [®]
Tussionex [®] Pennkinetic Suspension	hydrocodone bitartrate/homatropine (Hycodan [®]), hydrocodone bitartrate/guaifenesin (Hycotuss [®])
U	
Urocit-K [®]	potassium citrate/citric acid, sodium citrate/citric acid
V	
VagiFem [®]	Premarin [®] vaginal cream
Valcyte [®]	ganciclovir (Cytovene [®])
Vantin [®]	cefuroxime (Ceftin [®]), cefaclor (Ceclor [®])
Ventolin HFA [®]	Proventil HFA [®]
Vigamox [®]	ciprofloxacin (Ciloxan [®]), ofloxacin (Ocuflox [®])
W	
Welchol [®]	cholestyramine (Questran [®]), colestipol HCL (Colestid [®])
Wellbutrin XL [®]	bupropion SR (Wellbutrin SR [®])
X	
Xalatan [®]	Travatan [®] , Travatan Z [®] , Lumigan [®]
Xanax XR [®]	alprazolam (Xanax [®])
Xopenex [®]	albuterol

Non-Preferred/ Non-Formulary Brand Name	Generic and Preferred Brand Alternatives
Y	
Yasmin [®]	generic oral contraceptives*
Z	
Zelnorm [®]	bulk laxatives (OTC), hyoscyamine (Levsin [®]), dicyclomine (Bentyl [®])
Zetia [®]	simvastatin (Zocor [®]), pravastatin (Pravachol [®]), lovastatin (Mevacor [®]), Crestor [®] , Vytorin [®]
Zyrtec [®]	OTC loratadine* , OTC Claritin ^{®*} , OTC Alavert ^{™*} , fexofenadine (Allegra [®])
Zyrtec-D [®]	OTC loratadine* + decongestant* OTC Claritin-D ^{®*} , OTC Alavert-D ^{™*} , fexodenedine (Allegra [®]) + decongestant

*May not be a covered benefit under some plans.



Participating National Chain Store Pharmacies

A&P	Drug Mart	Ingles	Pamida	Super 1 Pharmacy
ACME Pharmacy	Drug World	Innovatix	Parkway Drugs	Super D Drugs
Advanced Rx	Duane Reade	IHC Pharmacies	Pathmark	Super Drug
Services	Eckerd Drugs	IVP Care	Pavilions	Super Fresh
Albertsons	F&M	Jolley Pharmacy	Pharmhouse	Super G Discount
Apria	Fagen Pharmacy	K-Mart	Phar-Mor	Super Value
Ashcraft's	Family Fare	Kash N Karry	Piggly Wiggly	Talbert
Associated	Family Thrift Center	Keltsch Pharmacy	Prairiestone	Target
Wholesale Grocers	Farmer Jack	Kent's	Price Chopper	The Penn Traffic Co.
Aurora Pharmacies	Ferndale Drug	King Sooper	Price Cutter	Therrell Drug Store
Bartell Drugs	Food 4 Less	King's Pharmacy	Publix	Thrifty Drug
Bashas'	Food City	Kohlers	QFC	Thrifty Foods
Bel Air Drugs	Food Emporium	Kohl's	Rainbow Pharmacy	Tidyman's Pharmacy
Big A Drug Store	Food Lion	Kroger	Raley's	Tom Thumb
Big B Drugs	Food Pavilion	Lin's Market	Ralph's	Tops Pharmacy
Big Y Pharmacies	Food Town	Longs Drug Store	Rameys	Ukrop's Super
BiLo Pharmacy	Fred Meyer	Mack Drug	Randall's Pharmacy	Market
Bi-Mart Pharmacy	Fred's Pharmacy	Marc's Pharmacy	Rea & Derick	United Drugs
Brooks Drug	Fruth Pharmacy	Market Place	Reasor's Pharmacy	United Supermarkets
Brooks Pharmacy	Fry's	Martin's Pharmacy	Revco Drug Stores	University of Utah
Brookshire Brothers	Genoa Healthcare	Max Warehouse	Ridleys	USA Drug
Brookshire Grocery	Genuardi's	Maxor	Rite-Aid	Vix
Buehler Pharmacies	Gerimed	May's	Rosauers	Vons
Bushs Pharmacy	Giant Discount Drug	McKesson Specialty	RxPlace	Waldbaum's
Camelot Drug Store	Giant Pharmacy	Med-Ark Pharmacy	RxPride	Walgreens Drug
Carrs	Glen's Pharmacy	Medicap	Safescript	Store
City Market	Great Day Pharmacy	Medicine Shoppe	Safeway	Wal-Mart
Clarian Drugs	Haggen	Medilife Pharmacy	Sam's Pharmacy	Weber and Judd Co.
Clinic Pharmacies	Hannaford	Med-X Drug	Save-a-Center	Weis Pharmacy
Coborn Pharmacy	Happy Harry's	Meijer	SaveMart Pharmacy	White Cross Store
Cost Cutter	Harmons	Mina Pharmacy	Sav-On	Winegars
Costco Pharmacy	Harp's Pharmacy	Monte Mart	Schnucks Pharmacy	Winn-Dixie
Cub Pharmacy	Harris Teeter	Mr. Z's Pharmacy	Scot's Lo-Cost	Yoke's Pharmacy
CuraScript Pharmacy	Pharmacy	Nash Finch Co.	Seaway Food Town	
CVS	Hartig/USA Drug	Navarro Discount	Seesels	
Dan's Foods	HEB Pharmacy	Nob Hill Pharmacy	Shaw's	
Dierbergs	Hen House	Nova Factor	Shop 'N Save	
Dillons	Pharmacies	Oak Park Drugs	Shopko	
Discount Drug Mart	Hilanders	Oscos Drug	ShopRite	
Doc's Drugs	Hi-School Pharmacy		Smith's	
Dominicks	Holladay Drug		Snyder's Drug	
Drug Barn	Homeland Stores		Stone Drug	
Drug Emporium	Hook-SupeRx		Stop & Shop	
Drug Fair	Hy-Vee Pharmacy		Sun Fresh	

If your corner drug store is not on this list, call (800) 572-0316 or log onto www.regence.com to locate a pharmacy in your neighborhood.



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

Ordering Prescription Drugs By Mail

As a Regence BlueCross BlueShield of Utah (Regence BCBSU) member, you have the option of having your long-term prescriptions filled at your local pharmacy or by mail from either Postal Prescription Services or Walgreens Mail Service.

Postal Prescription Service is a full-service mail-order pharmacy based in Portland, Oregon, offering:

- Free shipping
- Convenient hours, 6 a.m. - 6 p.m. (Pacific time) Monday - Friday, 9 a.m. - 2 p.m., Saturdays
- Access to a registered pharmacist during business hours at 1 (800) 552-6694
- Use of PPS Web site at www.ppsrx.com for:
 - Prescription refills
 - Printing order forms
 - Reviewing order status and history
 - Submitting prescription transfer requests
- Mailing address:
Postal Prescription Services
PO Box 2718
Portland, OR 97208

Walgreens Mail Service offers fully integrated retail and mail service including:

- Free shipping
- Convenient hours, 7 a.m. to 7 p.m. (Central time), Monday-Friday, and 7 a.m. to noon, Saturdays
- 24/7 access via 1 (800) RX-REFILL (1-800-797-3345) to place an order, check order status and account balance
- 24/7 access to a Walgreens representative or pharmacist at 1 (888) 832-5462
- Prescriptions can be ordered online at www.walgreensmail.com, by fax or mail. Walgreens will send you Rx Order Status e-mails telling you when your order was received, when it ships and delivery service provider.
- Mailing Addresses:

Walgreens Mail Service PO Box 29061 Phoenix, AZ 85038	Walgreens Mail Service PO Box 5957 Portland, Oregon 97228	Walgreens Mail Service PO Box 628001 Orlando, FL 32862
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Using Mail-Order Services

- For long-term medications you need right away, ask your doctor for two prescriptions: one for a small supply to fill at your local participating retail pharmacy and one for up to a 90-day supply to fill through the mail.
- To fill a new prescription, ask your Human Resources representative for an order form or download at <http://www.regencerox.com/prescriptions/forms/index.html#mail>.
- Most orders will be shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. The packaging should not indicate that medication is enclosed.
- For specialty injectables and related medications, direct prescriptions are available through McKesson Specialty.



NEW OR EXISTING CUSTOMER ORDER FORM & NEW CUSTOMER ENROLLMENT FORM

Below is a new prescription form. Please be sure to send this along with the written prescription from your doctor. You will need to mail it to us along with a completed print out of this "Customer Enrollment" form.

If you are a current customer of PPS and we have current insurance and method of payment on file you may just write in those areas use on file information. Please feel free to print out as many copies of this form as you need or you can call PPS Customer Service and we will send you out some order forms. The number to call is 800-552-6694.

Mail Address:

**PPS-Postal Prescription Services
P.O. Box 2718
Portland, OR 97208-2718**

Fill out form:

STEP 1: Customer Information

Customer Name: _____
First Name Last Name

Sex: ___Male ___Female

Birth Date: ___/___/___ Age: _____

Drug Allergies: Please list all drug allergies or indicate none.

___None

Codeine ___ Aspirin ___

Penicillin ___ Sulfa ___

Other(s): _____

STEP 2: Insurance Information

Insurance Company Name: _____

Telephone Number on Back of Card: _____

Insured Name: _____ Relationship number: _____

I.D. Number: _____ PCN Number: _____

Group Number: _____ Bin Number: _____

If other family members fill their prescriptions with PPS please enter their names:

STEP 3: Shipping/Billing Address Information

Customer Name: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Daytime Phone Number: _____ Evening Phone Number: _____
Cell Phone Number: _____
E-mail Address(es): _____

STEP 4: Payment Information

Credit Card Information

Payment Type: Visa MasterCard American Express Discover
Cardholder Name as it appears on the card: _____
Credit Card Number: _____ (####-####-####-#### OR
####-####-####-####_)
Expiration Date: ____/____
MM/YYYY

All future orders will be charged to this card at shipment time unless another method of payment is designated.

Other payment methods

Check Amount \$ _____ Money Order \$ _____
Check Number: _____ (For PPS use) Money Order Number: _____ (For PPS use)

Questions? Call PPS Customer Services at 800-552-6694. We are eager to serve you!



MAIL SERVICE PHARMACY TIPS MAIL REGISTRATION & PRESCRIPTION ORDER FORM

- New prescriptions must be mailed to Walgreens Mail Service pharmacy.
- For long-term medications you need right away: ask your doctor for two prescriptions—one for a small supply to fill at a participating retail pharmacy and one for a long-term supply to fill through the mail.
- Most orders are shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. Packaging does not show any indication that medications are enclosed.
- Allow 2 weeks for delivery.
- Emergency prescriptions can be shipped overnight. Please call our Customer Care Center.
- Include payment, if applicable to avoid any delays. Please do not send cash.
- Make checks payable to Walgreens Mail Service. Credit cards accepted.
- Refills cannot be transferred from other pharmacies. Request a new prescription from your doctor.
- Use black ink only. Enclose form with prescription(s) and payment.

Customer Care Center:**1-888-832-5462** (TTY: 1-800-573-1833)

Monday–Friday: 8:00 a.m.–10:00 p.m. (Eastern)

Saturday–Sunday: 8:00 a.m.–5:00 p.m. (Eastern)

Refills by Phone:**1-800-RX-REFILL (1-800-797-3345)**

(en español: 1-800-778-5427)

Internet:**www.walgreensmail.com**

Please Note: By submitting this form, you have authorized release of all information to Walgreens Mail Service (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

Cut here

Cut here

Prescription Drug Program



173000REGENREG001

RxBIN RxGroup _____ (if on ID card)RxPCN Plan Name _____ (if on ID card)
MEMBER INFO. Male Female Suffix extension Patient needs snap-on caps
 Patient needs large print labels
ID Number (Important-copy from ID card) Name (First, Last) _____ Date of Birth (MM/DD/YYYY) / /

Shipping Address (Please do not use P.O. Box) _____ Daytime Phone () _____

City _____ State _____ ZIP Code _____ Evening Phone () _____

E-mail Address _____ Dr. Name _____ Dr. Phone (Required) () _____

ALLERGIES: No Known 32-Codeine 70-Penicillin
 87-Sulfa 93-Tetracycline Other (list): _____

HEALTH CONDITIONS: No Known 200-Diabetes 300-Hypertension
 400-Heart Disease 500-Glaucoma 600-Stomach disorders
 700-Thyroid disease 800-Arthritis Other (list): _____
PAYMENT - CHECK OR CREDIT CARD (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.	Number Enclosed	Cost (ea.)	Subtotal
		\$*	\$
		\$*	\$
	TOTAL AMOUNT ENCLOSED		\$
*Please contact your plan sponsor for benefit questions.			

Credit Card Number Credit Card Expiration (MM/YY) / Signature (for credit card) _____

Mail to : Walgreens Mail Service P.O. Box 29061, Phoenix, AZ 85038-9061

Please complete both sides of this form.

#2 DEPENDENT INFORMATION		<input type="checkbox"/> Male	<input type="checkbox"/> Patient needs snap-on caps
<input type="checkbox"/> <input type="checkbox"/> Suffix extension if on ID card		<input type="checkbox"/> Female	<input type="checkbox"/> Patient needs large print labels
Name (First, Last)		Date of Birth (MM/DD/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Shipping Address (if different than member)		Daytime Phone	
		()	
City	State	ZIP Code	Evening Phone
			()
E-mail Address		Dr. Name	Dr. Phone (Required)
			()
ALLERGIES:	<input type="checkbox"/> No known	<input type="checkbox"/> 32-Codeine	<input type="checkbox"/> 70-Penicillin
<input type="checkbox"/> 87-Sulfa	<input type="checkbox"/> 93-Tetracycline	<input type="checkbox"/> Other (list):	
HEALTH CONDITIONS:	<input type="checkbox"/> No known	<input type="checkbox"/> 200-Diabetes	<input type="checkbox"/> 300-Hypertension
<input type="checkbox"/> 400-Heart disease	<input type="checkbox"/> 500-Glaucoma	<input type="checkbox"/> 600-Stomach disorders	
<input type="checkbox"/> 700-Thyroid disease	<input type="checkbox"/> 800-Arthritis	<input type="checkbox"/> Other (list):	
#3 DEPENDENT INFORMATION		<input type="checkbox"/> Male	<input type="checkbox"/> Patient needs snap-on caps
<input type="checkbox"/> <input type="checkbox"/> Suffix extension if on ID card		<input type="checkbox"/> Female	<input type="checkbox"/> Patient needs large print labels
Name (First, Last)		Date of Birth (MM/DD/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Shipping Address (if different than member)		Daytime Phone	
		()	
City	State	ZIP Code	Evening Phone
			()
E-mail Address		Dr. Name	Dr. Phone (Required)
			()
ALLERGIES:	<input type="checkbox"/> No known	<input type="checkbox"/> 32-Codeine	<input type="checkbox"/> 70-Penicillin
<input type="checkbox"/> 87-Sulfa	<input type="checkbox"/> 93-Tetracycline	<input type="checkbox"/> Other (list):	
HEALTH CONDITIONS:	<input type="checkbox"/> No known	<input type="checkbox"/> 200-Diabetes	<input type="checkbox"/> 300-Hypertension
<input type="checkbox"/> 400-Heart disease	<input type="checkbox"/> 500-Glaucoma	<input type="checkbox"/> 600-Stomach disorders	
<input type="checkbox"/> 700-Thyroid disease	<input type="checkbox"/> 800-Arthritis	<input type="checkbox"/> Other (list):	



Regence Advantages Discount programs for Regence members

Regence members can enjoy savings on health-related products and services with Regence Advantages. The program is offered to every Regence member at no additional cost.

Regence Advantages is available to Regence members at no additional cost to them. It is not insurance but is being offered to help Regence members take charge of their health, including:

- **Jenny Craig®:** All Jenny Craig plans are personalized and offer one-on-one support from professional weight loss consultants. Three options to choose from:
 - **TuneUp (Trial):** Free 30-day program.*
 - **On-Track Gold:** 50% off this six-month program.
 - **Jenny Rewards:** 20% off this one-year program plus discounts of up to 35% on the cost of food.

- **TruVision™:** Receive discounts for laser vision corrective surgery, including pre- and post-operative care and a retreatment warranty.
 - Regence members pay just \$895 per eye for Traditional LASIK and \$1,295 per eye for Custom LASIK.
 - Board-certified surgeons have successfully performed over one million procedures using only the best FDA-approved lasers.
 - Also receive 10-15% off the average cost of contact lenses when you order by mail.

See other side for additional programs

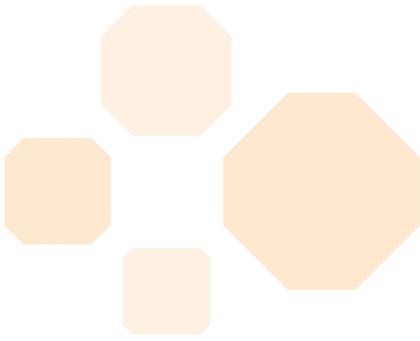
*Plus the cost of food.

Regence Vitality is completely independent from the companies that provide these products and services. Regence Vitality does not endorse or guarantee the products and services offered or their effectiveness. Regence reserves the right to change the program at any time without prior notice.

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



Together, we can take charge.™



- **Beltone™:** Free screening, 25% discount on Beltone hearing aids, a one-year supply of hearing aid batteries, and free follow-up visits and testing.
- **Newport Audiology:** A free hearing exam if you're Medicare-eligible, or \$25 if you're at least age 15, a 32% discount on all hearing-aids and a two-year supply of batteries (up to 96 batteries) at no extra charge per hearing-aid purchase.
 - Discounts through **Beltone** and **Newport Audiology** are available not only to policy owners, but to their parents and grandparents as well.
- **Safe Beginnings:** Enjoy a 20% discount on child safety products from SafeBeginnings.com.
- **Additional discounts** including fitness club memberships and/or enrollment fees, eyewear and more are available through Regence Advantages.

Learn more today

For more information on Regence Advantages, visit our Web site at www.ut.regence.com.



Regence

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