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Chapter: Blue Cross and Blue Shield Service Benefit Plan

# Bowel preparation medications and antiretroviral therapy medications for HIV

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5. Benefits Section 5(f). Prescription Drug Benefits Covered Medications and Supplies

# **Benefits Description**

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at <a href="https://www.fepblue.org">www.fepblue.org</a> or call 800-624-5060, TTY: 711, for assistance.

## **Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

#### **Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

### Basic Option - When Medicare Part B is primary, you pay the following:

Mail Service Prescription Drug Program: Nothing

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