

## Anti-hypertensive Medications

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### 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

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

#### Benefits Description

#### Anti-hypertensive Medications

##### Preferred Retail Pharmacies:

Note: See Section 3 for information about drugs and supplies that require prior approval.

##### Standard Option - You Pay

Tier 1 (generic drug): \$3 copayment (no deductible)

##### Basic Option - You Pay

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

##### Mail Service Prescription Drug Program:

Note: You must obtain prior approval before Mail Service will fill your prescription.

Note: See earlier in this section for Tier 2, 3, 4, and 5 prescription drug benefits.

##### Standard Option - You Pay

Tier 1 (generic drug): \$3 copayment (no deductible)

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

Tier 1 (generic drug): \$5 copayment