

Anti-hypertensive Medications

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

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