

## Asthma 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

#### Covered Medications and Supplies

#### Asthma 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): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): 20% of the Plan allowance (no deductible)

#### Basic Option - You Pay

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

Tier 2 (preferred brand-name drug): \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply)

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

Tier 1 (generic drug): \$5 copayment

Tier 2 (preferred brand-name drug): \$30 copayment for each purchase of up to a 30-day supply (\$90 copayment for a 31 to 90-day supply)

#### Mail Service Prescription Drug Program:

Note: You must obtain prior approval for certain drugs before Mail Service will fill your prescription. See Section 3.

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

**Standard Option - You Pay**

Tier 1 (generic drug): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): \$65 copayment (no deductible)

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

Tier 1 (generic drug): \$5 copayment

Tier 2 (preferred brand-name drug): \$75 copayment