

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(f). Prescription Drug Benefits
Page 106

Benefit Description

Covered Medication and Supplies (cont.)
Asthma Medications (cont.)

Standard Option - You Pay

Basic Option - You Pay

Continued from previous page:

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

Benefit Description

Other Preferred Diabetic Medications, Test Strips, and Supplies

Preferred Retail Pharmacies:

Standard Option - You Pay

Tier 2 (preferred diabetic medications and supplies): 20% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 2 (preferred insulins): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply) (no deductible)

Non-preferred retail pharmacies: You pay all charges

Basic Option - You Pay

Tier 2 (preferred diabetic medications and supplies): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply)

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

Tier 2 (preferred brand-name drugs): \$30 copayment for each purchase of up to a 30-day supply (\$60 copayment for a 31 to 90-day supply)

Mail Service Prescription Drug Program:

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

Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for Standard Option members, and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program.

Standard Option - You Pay

Tier 2 (preferred brand-name drug): \$40 copayment for each purchase of up to a 90-day supply (no deductible)

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

Tier 2 (preferred brand-name drugs) \$50 copayment for each purchase of up to a 90-day supply

Covered Medication and Supplies - continued on next page

Go to page [105](#). Go to page [107](#).