

## Specialty Drug Pharmacy Program

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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

#### Covered Medications and Supplies

#### Specialty Drug Pharmacy Program

We cover specialty drugs that are listed on the Service Benefit Plan Specialty Drug List. This list is subject to change. For the most up-to-date list, call the phone number below or visit our website, [www.fepblue.org](http://www.fepblue.org). (See Section 10 for the definition of "specialty drugs.")

Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you. See Section 7 for more details about the Program.

Note: Benefits for the first three fills of each Tier 4 or Tier 5 specialty drug are limited to a 30-day supply. Benefits are available for a 31 to 90-day supply after the third fill.

Note: Due to manufacturer restrictions, a small number of specialty drugs may only be available through a Preferred retail pharmacy. You will be responsible for paying only the copayments shown here for specialty drugs affected by these restrictions.

**Contact Us:** If you have any questions about this program, or need assistance with your specialty drug orders, please call 888-346-3731, TTY: 711.

#### Standard Option - You Pay

Tier 4 (preferred specialty drug): \$65 copayment for each purchase of up to a 30-day supply (\$185 copayment for a 31 to 90-day supply) (no deductible)

Tier 5 (non-preferred specialty drug): \$85 copayment for each purchase of up to a 30-day supply (\$240 copayment for a 31 to 90-day supply) (no deductible)

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

Tier 4 (preferred specialty drug): \$85 copayment for each purchase of up to a 30-day supply (\$235 copayment for a 31 to 90-day supply)

Tier 5 (non-preferred specialty drug): \$110 copayment for each purchase of up to a 30-day supply (\$300 copayment for a 31 to 90-day supply)

### **When Medicare Part B is primary, you pay the following:**

Tier 4 (preferred specialty drug): \$80 copayment for each purchase of up to a 30-day supply (\$210 copayment for a 31 to 90-day supply)

Tier 5 (non-preferred specialty drug): \$100 copayment for each purchase of up to a 30-day supply (\$255 copayment for a 31 to 90-day supply)