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2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(f). Prescription Drug Benefits Page 115

Benefits Description

Covered Medications and Supplies (cont.)

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

Correction, 3/14/2024

Mail Service Prescription Drug Program:

Note: You must obtain prior approval **for certain drugs** 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

Benefits Description

- Over-the-counter (OTC) contraceptive drugs and devices, limited to:
 - Emergency contraceptive pills
 - Condoms
 - Spermicides
 - Sponges

Note: We provide benefits in full for OTC contraceptive drugs and devices when the contraceptives meet U.S. FDA standards for OTC products. To receive benefits, you must use a retail pharmacy and present the pharmacist with a written prescription from your physician.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

Benefits Description

Immunizations when provided by a Preferred retail pharmacy that participates in our vaccine network (see below) and administered in compliance with applicable state law and pharmacy certification requirements.

Note: Our vaccine network is a network of Preferred retail pharmacies that have agreements with us to administer one or more routine immunizations. Check with your pharmacy or call our Retail Pharmacy Program at 800-624-5060, TTY: 711, to find out which vaccines your pharmacy can provide.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Benefits Description

Metformin and metformin extended release (excluding osmotic and modified release generic drugs)

Preferred Retail Pharmacies:

Standard Option - You Pay

Tier 1 (generic drug): \$1 copayment for each purchase of up to a 90-day supply (no deductible)

Basic Option - You Pay

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

Mail Service Prescription Drug Program:

Standard Option - You Pay

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

Covered Medications and Supplies - continued on next page

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