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### 2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(f). Prescription Drug Benefits Page 105

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#### Benefit Description

#### Covered Medication and Supplies (cont.)

Note: Please keep reading for information about the Specialty Drug Pharmacy Program.

Note: We waive your cost-share for available forms of generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative.

**Contact Us:** If you have any questions about this program, or need assistance with your Mail Service drug orders, please call 800-262-7890, TTY: 711.

Note: If the cost of your prescription is less than your copayment, you pay only the cost of your prescription. The Mail Service Prescription Drug Program will charge you the lesser of the prescription cost or the copayment when you place your order. If you have already sent in your copayment, they will credit your account with any difference.

#### Standard Option - You Pay

Continued from previous page:

Tier 2 (preferred brand-name drug): \$90 copayment (no deductible)

Tier 3 (non-preferred brand-name drug): \$125 copayment (no deductible)

#### Basic Option - You Pay

Continued from previous page:

Note: Although you do not have access to the Mail Service Prescription Drug Program, you may request home delivery of prescription drugs you purchase from Preferred retail pharmacies offering options for online ordering.

## Benefit Description

### 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)

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## **Benefit Description**

### **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)

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*Covered Medication and Supplies - continued on next page*

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