

## MPDP Other Preferred Diabetic Medications, Test Strips, and Supplies

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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

#### Other Preferred Diabetic Medications, Test Strips, and Supplies

#### Network Retail Pharmacies:

#### Standard Option - You Pay

Tier 2 (preferred diabetic medications and supplies): 10% 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)

#### Basic Option - You Pay

Tier 2 (preferred diabetic medications and supplies): \$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, and 4 prescription drug benefits. Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for those enrolled in the FEP Medicare Prescription Drug Program when obtained 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 - You Pay**

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

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**The pharmacy benefits starting here to the end of the section apply to all covered members, unless otherwise noted.**