

Preferred Retail Pharmacies

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option

Section 5. Benefits

Section 5(f). Prescription Drug Benefits

Covered Medication and Supplies

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.

Benefit Description

Covered Medication and Supplies

Preferred Retail Pharmacies

Covered drugs and supplies, such as:

- Drugs, vitamins and minerals, and nutritional supplements that by Federal law of the United States require a prescription for their purchase
- Drugs for the diagnosis and treatment of infertility
- Drugs for IVF – limited to 3 cycles annually (prior approval required)
Note: Drugs used for IVF must be purchased through the pharmacy drug program and you must meet our definition of infertility.
- Drugs associated with covered artificial insemination procedures
- Drugs to treat gender dysphoria (gonadotropin releasing hormone (GnRH) antagonists and testosterone)
- Contraceptive drugs and devices, limited to:
 - Diaphragms and contraceptive rings
 - Injectable contraceptives

- Intrauterine devices (IUDs)
- Implantable contraceptives
- Oral and transdermal contraceptives
- Medical foods
- Insulin, diabetic test strips, lancets, and tubeless insulin delivery systems (See Section 5(a) for our coverage of insulin pumps with tubes.)
- Needles and disposable syringes for the administration of covered medications
- Clotting factors and anti-inhibitor complexes for the treatment of hemophilia

Note: For a list of the Preferred Network Long-Term Care pharmacies, call 800-624-5060, TTY: 711.

Note: For coordination of benefits purposes, if you need a statement of Preferred retail pharmacy benefits in order to file claims with your other coverage when this Plan is the primary payor, call the Retail Pharmacy Program at 800-624-5060, TTY: 711, or visit our website at www.fepblue.org.

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 when purchased from a Preferred retail pharmacy.

Standard Option - You Pay

Tier 1 (generic drug): \$7.50 copayment for each purchase of up to a 30-day supply (\$22.50 copayment for a 31 to 90-day supply) (no deductible)

Note: You pay a \$5 copayment for each purchase of up to a 30-day supply (\$15 copayment for a 31 to 90-day supply) when Medicare Part B is primary.

Note: You may be eligible to receive your first 4 generic prescriptions filled (and/or refills ordered) at no charge when you change from certain brand-name drugs to a corresponding generic drug replacement, as previously described.

Tier 2 (preferred brand-name drug): 30% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 3 (non-preferred brand-name drug): 50% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 4 (preferred specialty drug): 30% of the Plan allowance (no deductible), limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): 30% of the Plan allowance (no deductible), limited to one purchase of up to a 30-day supply

Basic Option - You Pay

Tier 1 (generic drug): \$15 copayment for each purchase of up to a 30-day supply (\$40 copayment for a 31 to 90-day supply)

Tier 2 (preferred brand-name drug): \$60 copayment for each purchase of up to a 30-day supply (\$180 copayment for a 31 to 90-day supply)

Tier 3 (non-preferred brand-name drug): 60% of the Plan allowance (\$90 minimum) for each purchase of up to a 30-day supply (\$250 minimum for a 31 to 90-day supply)

Tier 4 (preferred specialty drug): \$85 copayment limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): \$110 copayment limited to one purchase of up to a 30-day supply

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

Tier 1 (generic drug): \$10 copayment for each purchase of up to a 30-day supply (\$30 copayment for a 31 to 90-day supply)

Tier 2 (preferred brand-name drug): \$50 copayment for each purchase of up to a 30-day supply (\$150 copayment for a 31 to 90-day supply)

Tier 3 (non-preferred brand-name drug): 50% of the Plan allowance (\$60 minimum) for each purchase of up to a 30-day supply (\$175 minimum for a 31 to 90-day supply)

Tier 4 (preferred specialty drug): \$80 copayment limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): \$100 copayment limited to one purchase of up to a 30-day supply