

Non-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 Medications 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.

Benefits Description

Covered Medications and Supplies

Non-preferred Retail Pharmacies

Standard Option - You Pay

45% of the Plan allowance (Average wholesale price – AWP), plus any difference between our allowance and the billed amount (no deductible)

Note: If you use a Non-preferred retail pharmacy, you must pay the full cost of the drug or supply at the time of purchase and file a claim with the Retail Pharmacy Program to be reimbursed. Please refer to Section 7 for instructions on how to file prescription drug claims.

Basic Option - You Pay

All charges