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Chapter: Blue Cross and Blue Shield Service Benefit Plan

Blue Cross Blue Shield Federal Employee Program
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Opioid Reversal Agents: Tier 1 medications limited to generic naloxone spray and injectable

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

Benefits Description

Opioid Reversal Agents: Tier 1 medications limited to generic naloxone nasal spray and injectable

Preferred Retail Pharmacies

Standard Option - You Pay
Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

Basic Option - You Pay
Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

Non-preferred Retail Pharmacies

Standard Option - You Pay
You pay all charges

Basic Option - You Pay
You pay all charges

Mail Service Prescription Drug Program

Standard Option - You Pay

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

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

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.