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

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at www.fepblue.org or call 800-624-5060, TTY: 711, for assistance.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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

Mail Service Prescription Drug Program: Nothing

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)

Correction, 3/14/2024

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a combined 90-day supply through any of our pharmacy programs ~~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

Correction, 3/14/2024

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a combined 90-day supply through any of our pharmacy programs ~~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)

Correction, 3/14/2024

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a combined 90-day supply through any of our pharmacy programs ~~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

Correction, 3/14/2024

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

Benefits Description

Not covered:

- *Remicade, Renflexis, and Inflectra are not covered for prescriptions obtained from a retail pharmacy, Mail Service Prescription or through the Specialty Drug Program*
- *Medical supplies such as dressings and antiseptics*
- *Drugs and supplies for cosmetic purposes*
- *Supplies for weight loss*
- *Drugs for orthodontic care, dental implants, and periodontal disease*

Correction, 3/14/2024

- *Drugs used in conjunction with **non-covered** assisted reproductive technology (ART) and assisted insemination procedures*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Covered Medications and Supplies - continued on next page

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