

Metformin and metformin extended release (excluding osmotic and modified release generic drugs)

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

Metformin and metformin extended release (excluding osmotic and modified release generic drugs)

Preferred Retail Pharmacies:

Standard Option - You Pay

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

Basic Option - You Pay

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

Mail Service Prescription Drug Program:

Standard Option - You Pay

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

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

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