

**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f)(a). FEP Medicare Prescription Drug Plan**  
**Page 114**

---

**Benefit Description**

**Covered Medication and Supplies (cont.)**

- Drugs prescribed to treat obesity (prior approval required)
- Contraceptive drugs and devices, limited to:
  - Diaphragms and contraceptive rings
  - Injectable contraceptives
  - Intrauterine devices (IUDs)
  - Implantable contraceptives
  - Oral and transdermal contraceptives

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, as listed in each therapeutic class under the HRSA guidelines, when purchased from a Preferred retail pharmacy. You may seek an exception for any contraceptive that is not available with zero-member cost-share. Your provider will need to complete the Contraceptive Exception Form under Pharmacy Forms found on our website at [www.fepblue.org/claim-forms](http://www.fepblue.org/claim-forms). If you have questions about the exception process, call 800-624-5060. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact [contraception@opm.gov](mailto:contraception@opm.gov).

Reimbursement for covered over-the-counter contraceptives can be submitted in accordance with Section 7.

Note: For additional Family Planning benefits, see Section 5(a).

- 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 Network Long-Term Care pharmacies, call 888-338-7737, TTY: 711.

### **Standard Option - You Pay**

See previous page

### **Basic Option - You Pay**

Continued from previous page:

Tier 4 (preferred specialty drug): \$75 copayment for each purchase of up to a 30-day supply; (\$195 for 31 to 90-day supply)

---

## **Benefit Description**

### **Mail Service Prescription Drug Program**

For members enrolled in the FEP Medicare Prescription Drug Program, if your doctor orders more than a 21-day supply of covered drugs or supplies, up to a 90-day supply, you can use this service for your prescriptions and refills.

Please refer to Section 7 for instructions on how to use the Mail Service Prescription Drug Program.

### **Standard Option - You Pay**

Tier 1 (generic drug): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): \$85 copayment (no deductible)

Tier 3 (non-preferred brands): \$125 copayment (no deductible)

### **Basic Option - You Pay**

Tier 1 (generic drug): \$15 copayment

Tier 2 (preferred brand-name drug): \$95 copayment

Tier 3 (non-preferred brands): \$125 copayment

Tier 4 (specialty-drugs): \$150 copayment

---

*Covered Medications and Supplies - continued on next page*

---

Go to page [113](#). Go to page [115](#).