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

Covered Medications and Supplies (cont.)

- *Infant formula other than previously described in this section and in Section 5(a)*
- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *Drugs and covered-drug-related supplies for the treatment of gender dysphoria if not obtained from a retail pharmacy or through the Mail Service Prescription Drug Program or Specialty Drug Pharmacy Program as previously described in this section*
- *Drugs purchased through the mail or internet from pharmacies outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as previously described in this section*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described in Section 5(a)*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Benefits Description

Drugs From Other Sources

Covered prescription drugs and supplies not obtained at a retail pharmacy, through the Specialty Drug Pharmacy Program, or, for Standard Option members and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. This includes drugs and supplies covered only under the medical benefit.

Note: Prior approval is required for certain medical benefit drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at www.fepblue.org/medicalbenefitdrugs for a list of these drugs. See Section 3 for more information on prior approval.

Note: We cover drugs and supplies purchased overseas as shown here, as long as they are the equivalent to drugs and supplies that by Federal law of the United States require a prescription. Please refer to Section 5(i) for more information.

Note: For covered prescription drugs and supplies purchased outside of the United States, Puerto Rico, and the U.S. Virgin Islands, please submit claims on an Overseas Claim Form. See Section 5(i) for information on how to file claims for overseas services.

Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

Participating professional provider: 35% of the Plan allowance (deductible applies)

Non-participating professional provider: 35% of the Plan allowance (deductible applies) plus any difference between our allowance and the billed amount

Member facilities: 35% of the Plan allowance (deductible applies)

Non-member facilities: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Basic Option - You Pay

Preferred: 30% of the Plan allowance

Participating professional provider: You pay all charges

Non-participating professional provider: You pay all charges

Member/Non-member facilities: You pay all charges

Drugs From Other Sources - continued on next page

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