

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

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### 2025 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

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#### 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