

## Preferred Retail Pharmacies

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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 Medication and Supplies

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

#### Benefit Description

#### Covered Medication and Supplies

#### Preferred Retail Pharmacies

#### Covered drugs and supplies, such as:

- Drugs, vitamins and minerals, and nutritional supplements that by Federal law of the United States require a prescription for their purchase
- Drugs for the diagnosis and treatment of infertility
- Drugs for IVF – limited to 3 cycles annually (prior approval required)  
Note: Drugs used for IVF must be purchased through the pharmacy drug program and you must meet our definition of infertility.
- Drugs associated with covered artificial insemination procedures
- Drugs to treat gender dysphoria (gonadotropin releasing hormone (GnRH) antagonists and testosterone)
- 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
- 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 Preferred Network Long-Term Care pharmacies, call 800-624-5060, TTY: 711.

Note: For coordination of benefits purposes, if you need a statement of Preferred retail pharmacy benefits in order to file claims with your other coverage when this Plan is the primary payor, call the Retail Pharmacy Program at 800-624-5060, TTY: 711, or visit our website at [www.fepblue.org](http://www.fepblue.org).

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).

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

Tier 1 (generic drug): \$7.50 copayment for each purchase of up to a 30-day supply (\$22.50 copayment for a 31 to 90-day supply) (no deductible)

Note: You pay a \$5 copayment for each purchase of up to a 30-day supply (\$15 copayment for a 31 to 90-day supply) when Medicare Part B is primary.

Note: You may be eligible to receive your first 4 generic prescriptions filled (and/or refills ordered) at no charge when you change from certain brand-name drugs to a corresponding generic drug replacement, as previously described.

Tier 2 (preferred brand-name drug): 30% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 3 (non-preferred brand-name drug): 50% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 4 (preferred specialty drug): 30% of the Plan allowance (no deductible), limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): 30% of the Plan allowance (no deductible), limited to one purchase of up to a 30-day supply

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

Tier 1 (generic drug): \$15 copayment for each purchase of up to a 30-day supply (\$40 copayment for a 31 to 90-day supply)

Tier 2 (preferred brand-name drug): \$75 copayment for each purchase of up to a 30-day supply (\$200 copayment for a 31 to 90-day supply)

Tier 3 (non-preferred brand-name drug): 60% of the Plan allowance (\$90 minimum) for each purchase of up to a 30-day supply (\$250 minimum for a 31 to 90-day supply)

Tier 4 (preferred specialty drug): \$120 copayment limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): \$200 copayment limited to one purchase of up to a 30-day supply

### **When Medicare Part B is primary, you pay the following:**

Tier 1 (generic drug): \$10 copayment for each purchase of up to a 30-day supply (\$30 copayment for a 31 to 90-day supply)

Tier 2 (preferred brand-name drug): \$50 copayment for each purchase of up to a 30-day supply (\$150 copayment for a 31 to 90-day supply)

Tier 3 (non-preferred brand-name drug): 50% of the Plan allowance (\$60 minimum) for each purchase of

up to a 30-day supply (\$175 minimum for a 31 to 90-day supply)

Tier 4 (preferred specialty drug): \$80 copayment limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): \$100 copayment limited to one purchase of up to a 30-day supply