

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f). Prescription Drug Benefits**  
**Page 110**

---

## Benefits Description

### Covered Medications and Supplies (cont.)

- Insulin, diabetic test strips, lancets, and tubeless insulin delivery systems

Note: See page [58](#) 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

### Standard Option - You Pay

See page [108](#) and pages [110-116](#)

### Basic Option - You Pay

See page [108](#) and pages [110-116](#)

---

## Benefits Description

- Drugs to aid smoking and tobacco cessation that require a prescription by Federal law

Note: We provide benefits for over-the-counter (OTC) smoking and tobacco cessation medications only as described on page [117](#).

Note: You may be eligible to receive smoking and tobacco cessation medications at no charge. See page [117](#) for more information.

- Drugs for the diagnosis and treatment of infertility, except as described on pages [118-119](#)
- Drugs to treat gender dysphoria (gonadotropin-releasing hormone (GnRH) antagonists and testosterone)
- 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 generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative, when you purchase them at a Preferred retail pharmacy or, for Standard Option members and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. See pages [115](#) and [116](#) for details.

**Standard Option - You Pay**

See below and pages [111-117](#)

**Basic Option - You Pay**

See below and pages [111-117](#)

---

**Benefits Description**

- Over-the-counter (OTC) contraceptive drugs and devices, limited to:
  - Emergency contraceptive pills
  - Condoms
  - Spermicides
  - Sponges

**Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

---

*Covered Medications and Supplies - continued on next page*

---

Go to page [109](#). Go to page [111](#).