

2023 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**

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.

Benefits Description**Covered Medications and Supplies****Asthma Medications****Preferred Retail Pharmacies:**

Note: See page [24](#) for information about drugs and supplies that require prior approval.

Standard Option - You Pay

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

Tier 2 (preferred brand-name drug): 20% of the Plan allowance (no deductible)

Basic Option - You Pay

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

Tier 2 (preferred brand-name drug): \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply)

Basic Option - When Medicare Part B is primary, you pay the following:

Tier 1 (generic drug): \$5 copayment

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

Mail Service Prescription Drug Program:

Note: See page [24](#) for information about drugs and supplies that require prior approval. You must obtain prior approval before Mail Service will fill your prescription. See pages [24](#) and [107](#).

Note: See pages [114-116](#) for Tier 3, 4 and 5 prescription drug benefits.

Standard Option - You Pay

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

Tier 2 (preferred brand-name drug): \$65 copayment (no deductible)

Basic Option - When Medicare Part B is primary, you pay the following:

Tier 1 (generic drug): \$5 copayment

Tier 2 (preferred brand-name drug): \$75 copayment