

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

#### Drugs From Other Sources (cont.)

- Please refer to the Sections indicated for additional benefit information related to drugs obtained from other sources:
  - Physician's office – Section 5(a)
  - Facility (inpatient or outpatient) – Section 5(c)
  - Hospice agency – Section 5(c)
- Please refer to page [114](#) for prescription drugs obtained from a Preferred retail pharmacy, that are billed for by a skilled nursing facility, nursing home, or extended care facility.

#### Standard Option - You Pay

See previous page

#### Basic Option - You Pay

See previous page

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### Benefits Description

- Auto-immune infusion medications: Remicade, Renflexis and Inflectra

Note: Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center).

#### Standard Option - You Pay

Preferred: 10% of the Plan allowance (deductible applies)

Participating professional provider: 15% of the Plan allowance (deductible applies)

Non-participating professional provider: 15% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

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Member facilities: 15% of the Plan allowance (deductible applies)

Non-member facilities: 15% of the Plan allowance (deductible applies), plus any difference between our allowance and billed amount.

**Basic Option - You Pay**

Preferred: 15% of the Plan allowance

Participating professional provider: You pay all charges

Non-participating professional provider: You pay all charges

Member or Non-member facilities: You pay all charges

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