

**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**

### **Covered Medications and Supplies (cont.)**

Note: Benefits for the medications listed on the previous page are subject to the dispensing limitations described on page [106](#) and are limited to recommended prescribed limits.

Note: To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.

Note: A complete list of USPSTF-recommended preventive care services is available online at: [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits). See pages [42-46](#) in Section 5(a) for information about other covered preventive care services.

Note: See page [117](#) for our coverage of smoking and tobacco cessation medications.

### **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

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## **Benefits Description**

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at [www.fepblue.org](http://www.fepblue.org).

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

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

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Mail Service Prescription Drug Program: Nothing (no deductible)

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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

Mail Service Prescription Drug Program: Nothing

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**Benefits Description**

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at [www.fepblue.org](http://www.fepblue.org) or call 800-624-5060, TTY: 711, for assistance.

**Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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

Mail Service Prescription Drug Program: Nothing

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**Benefits Description**

Opioid Reversal Agents: Tier 1 medications limited to generic naloxone nasal spray and injectable

**Preferred Retail Pharmacies****Standard Option - You Pay**

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent

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to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

**Basic Option - You Pay**

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

**Non-preferred Retail Pharmacies****Standard Option - You Pay**

You pay all charges

**Basic Option - You Pay**

You pay all charges

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*Covered Medications and Supplies - continued on next page*

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Go to page [112](#). Go to page [114](#).