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

Benefits Description

Not covered:

- *Remicade, Renflexis, and Inflectra are not covered for prescriptions obtained from a retail pharmacy, Mail Service Prescription or through the Specialty Drug Program*
- *Medical supplies such as dressings and antiseptics*
- *Drugs and supplies for cosmetic purposes*
- *Supplies for weight loss*
- *Drugs for orthodontic care, dental implants, and periodontal disease*
- *Drugs used in conjunction with assisted reproductive technology (ART) and assisted insemination procedures*
- *Insulin and diabetic supplies except when obtained from a retail pharmacy or through the Mail Service Prescription Drug Program, or except when Medicare Part B is primary (see pages 58 and 110)*
- *Medications and orally taken nutritional supplements that do not require a prescription under Federal law even if your doctor prescribes them or if a prescription is required under your state law*

  Note: See page 112 for our coverage of medications recommended under the Affordable Care Act and page 117 for smoking and tobacco cessation medications.
- *Medical foods administered orally are not covered if not obtained at a retail pharmacy or through the Mail Service Prescription Drug Program*

  Note: See Section 5(a), page 58 for our coverage of medical foods and nutritional supplements when administered by catheter or nasogastric tube.
- *Products and foods other than liquid formulas or powders mixed to become formulas; foods and formulas readily available in a retail environment and marketed for persons without medical conditions; low-protein modified foods (e.g., pastas, breads, rice, sauces and baking mixes); nutritional supplements, energy products; and similar items*

Note: See Section 5(a), page 58 for our coverage of medical foods and nutritional supplements when administered by catheter or nasogastric tube.

- *Infant formula other than described on pages 58 and 109*
- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *Drugs and covered-drug-related supplies for the treatment of gender dysphoria if not obtained from a retail pharmacy or through the Mail Service Prescription Drug Program or Specialty Drug Pharmacy Program as described on page 110*
- *Drugs purchased through the mail or internet from pharmacies outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as described on page 110*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described on page 51*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges