

**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.)**

**Other Preferred Diabetic Medications, Test Strips, and Supplies**

**Preferred Retail Pharmacies:**

**Standard Option - You Pay**

Tier 2 (preferred diabetic medications and supplies): 20% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 2 (preferred insulins): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply) (no deductible)

Non-preferred retail pharmacies: You pay all charges

**Basic Option - You Pay**

Tier 2 (preferred diabetic medications and supplies): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply)

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

Tier 2 (preferred brand-name drugs): \$30 copayment for each purchase of up to a 30-day supply (\$60 copayment for a 31 to 90-day supply)

**Mail Service Prescription Drug Program:**

**Note:** See pages [115-116](#) for Tier 2, 3, 4, and 5 prescription drug benefits.

Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for Standard Option members, and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. See pages [115-116](#) for more information.

**Standard Option - You Pay**

Tier 2 (preferred brand-name drug): \$40 copayment for each purchase of up to a 90-day supply (no deductible)

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

Tier 2 (preferred brand-name drugs) \$50 copayment for each purchase of up to a 90-day supply

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### Benefits Description

Medications to promote better health as recommended under the Patient Protection and Affordable Care Act (the “Affordable Care Act”), limited to:

- Iron supplements for children from age 6 months through 12 months
- Oral fluoride supplements for children from age 6 months through 5 years
- Folic acid supplements, 0.4 mg to 0.8 mg, for individuals capable of pregnancy
- Low-dose aspirin (81 mg per day) for pregnant members at risk for preeclampsia
- Aspirin for men age 45 through 79 and women age 50 through 79
- Generic cholesterol-lowering statin drugs

Note: Benefits are not available for acetaminophen, ibuprofen, naproxen, etc.

### 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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*Covered Medications and Supplies - continued on next page*

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