2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(f). Prescription Drug Benefits Page 118

Benefits Description

Covered Medications and Supplies (cont.)

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 <u>112</u> for our coverage of medications recommended under the Affordable Care Act and page <u>117</u> 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 <u>58</u> 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 <u>58</u> for our coverage of medical foods and nutritional supplements when administered by catheter or nasogastric tube.

Infant formula other than described on pages <u>58</u> and <u>109</u>

Standard Option - You Pay All charges

Basic Option - You Pay All charges

Covered Medications and Supplies - continued on next page

Go to page $\underline{117}$, . Go to page $\underline{119}$.