

**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**

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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 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

**Mail Service Prescription Drug Program**

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

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

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.