

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f). Prescription Drug Benefits**  
**Page 108**

---

**Note:** For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

**Benefits Description**

**Covered Medications and Supplies**  
**Asthma Medications**

**Preferred Retail Pharmacies:**

Note: See page [24](#) for information about drugs and supplies that require prior approval.

**Standard Option - You Pay**

Tier 1 (generic drug): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): 20% of the Plan allowance (no deductible)

**Basic Option - You Pay**

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

Tier 2 (preferred brand-name drug): \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply)

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

Tier 1 (generic drug): \$5 copayment

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

**Mail Service Prescription Drug Program:**

Note: See page [24](#) for information about drugs and supplies that require prior approval. You must obtain prior approval before Mail Service will fill your prescription. See pages [24](#) and [107](#).

Note: See pages [114-116](#) for Tier 3, 4 and 5 prescription drug benefits.

**Standard Option - You Pay**

Tier 1 (generic drug): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): \$65 copayment (no deductible)

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

Tier 1 (generic drug): \$5 copayment

Tier 2 (preferred brand-name drug): \$75 copayment

---

**Benefits Description****Anti-hypertensive Medications****Preferred Retail Pharmacies:**

Note: See page [24](#) for information about drugs and supplies that require prior approval.

**Standard Option - You Pay**

Tier 1 (generic drug): \$3 copayment (no deductible)

**Basic Option - You Pay**

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

**Mail Service Prescription Drug Program:**

Note: See page [24](#) for information about drugs and supplies that require prior approval. You must obtain prior approval before Mail Service will fill your prescription. See pages [24](#) and [107](#).

Note: See pages [114-116](#) for Tier 2, 3, 4, and 5 prescription drug benefits.

**Standard Option - You Pay**

Tier 1 (generic drug): \$3 copayment (no deductible)

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

Tier 1 (generic drug): \$5 copayment

---

*Covered Medications and Supplies - continued on next page*

---

Go to page [107](#). Go to page [109](#).