

**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****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