

**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**

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at [www.fepblue.org](http://www.fepblue.org) or call 800-624-5060, TTY: 711, for assistance.

**Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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

Mail Service Prescription Drug Program: Nothing