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**2024 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(f). Prescription Drug Benefits**  
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**Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.**

**Benefits Description**

**Covered Medications and Supplies**

**Covered drug and supplies, such as:**

- Drugs, vitamins and minerals, and nutritional supplements that by federal law of the United States require a prescription for their purchase.
- Drugs for the diagnosis and treatment of infertility
- Drugs for IVF - limited to 3 cycles annually (prior approval required)

Note: Drugs for the treatment of IVF must be purchased through the pharmacy drug program and you must meet our definition of infertility

- Drugs associated with covered artificial insemination procedures
- Drugs to treat gender dysphoria (gonadotropin releasing hormone (GnRH) antagonists and testosterone)
- Contraceptive drugs and devices, limited to:
  - Diaphragms and contraceptive rings
  - Injectable contraceptives
  - Intrauterine devices (IUDs)
  - Implantable contraceptives
  - Oral and transdermal contraceptives

Note: We waive your cost-share for available forms of generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative when purchased at a network retail pharmacy.

- Medical foods
- Insulin, diabetic test strips, lancets, and tubeless insulin delivery systems (See Section 5(a) for our coverage of insulin pumps with tubes.)
- Needles and disposable syringes for the administration of covered medications
- Clotting factors and anti-inhibitor complexes for the treatment of hemophilia

## You Pay

### Tier 1: Preferred Generic Drugs obtained at a Retail Pharmacy

- \$5 copayment for each purchase of up to a 30-day supply (no deductible)
- \$15 copayment for each purchase of a 31 to 90-day supply (no deductible)

### Tier 2: Preferred Brand-name Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

### Tier 3: Non-preferred Brand-name Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

### Tier 4: Preferred Specialty Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

**The pharmacy benefits starting here to the end of the section apply to all covered members, unless otherwise noted.**

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