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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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#### Benefits Description

##### Covered Medications and Supplies (cont.)

- 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

##### Notes:

- Benefits for Tier 2 specialty drugs purchased at a Preferred retail pharmacy are limited to one purchase of up to a 30-day supply for each prescription dispensed.
- All refills must be obtained through the Specialty Drug Pharmacy Program.
- Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you to arrange a delivery time and location that are most convenient for you, as well as ask you about any side effects you may be experiencing. See Section 7 for more details about the Program.
- We cover specialty drugs that are listed on the FEP Blue Focus Specialty Drug List. This list is subject to change. For the most up-to-date list, call the phone number below or visit our website, [www.fepblue.org](http://www.fepblue.org). (See Section 10 for the definition of "specialty drugs.")

#### You Pay

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**Preferred Specialty Drugs (generic and brand-name)** obtained at Preferred retail pharmacies and through the Specialty Drug Pharmacy Program:

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- If a 31 to 90-day supply of a specialty drug has to be dispensed due to manufacturer packaging, you pay 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase (no deductible)

Non-preferred pharmacy: You pay all charges

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