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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

#### Drugs From Other Sources

Covered prescription drugs and supplies not obtained at a retail pharmacy or through the Specialty Drug Pharmacy Program to include, but not limited to:

- Physician's office – for more information refer to Section 5(a)
- Facility (inpatient or outpatient) – for more information refer to Section 5(c)
- Hospice agency – for more information refer to Section 5(c)
- Drugs obtained at a physician's office, inpatient or outpatient facility or hospice agency while overseas, see Section 5(i)
- Drugs and supplies covered only under the medical benefit, see auto-immune infusions below
- Prescription drugs obtained from a Preferred retail pharmacy, that are billed by a skilled nursing facility, nursing home, or extended care facility previously described in this section

Note: Prior approval is required for certain high-cost drugs obtained outside one of our pharmacy programs. Contact the customer service number on the back of your ID card or visit us at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs) for a list of these drugs. See Section 3 for more information on prior approval.

#### You Pay

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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## Benefits Description

### For members covered under our traditional pharmacy drug program

Auto-immune infusion medications: Remicade, Renflexis and Inflectra

#### Notes:

- Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center).
- Members covered under the FEP Medicare Prescription Drug Program may obtain these drugs under their pharmacy benefits.

## You Pay

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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