

**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f). Prescription Drug Benefits**  
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**Benefit Description**

**Covered Medication and Supplies (cont.)**

- Needles and disposable syringes for the administration of covered medications
- Clotting factors and anti-inhibitor complexes for the treatment of hemophilia

Note: For a list of the Preferred Network Long-Term Care pharmacies, call 800-624-5060, TTY: 711.

Note: For coordination of benefits purposes, if you need a statement of Preferred retail pharmacy benefits in order to file claims with your other coverage when this Plan is the primary payor, call the Retail Pharmacy Program at 800-624-5060, TTY: 711, or visit our website at [www.fepblue.org](http://www.fepblue.org).

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, as listed in each therapeutic class under the HRSA guidelines found at <https://www.hrsa.gov/womens-guidelines>, when purchased from a Preferred retail pharmacy. You may seek an exception for any contraceptive that is not available with zero-member cost-share. Your provider will need to complete the Contraceptive Exception Form under Pharmacy Forms found on our website at [www.fepblue.org/claim-forms](http://www.fepblue.org/claim-forms). If you have questions about the exception process, call 800-624-5060.

If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact [contraception@opm.gov](mailto:contraception@opm.gov).

Reimbursement for covered over-the-counter contraceptives can be submitted in accordance with Section 7.

Note: For additional Family Planning benefits, see Section 5(a).

**Standard Option - You Pay**

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Tier 5 (non-preferred specialty drug): 30% of the Plan allowance (no deductible), limited to one purchase of up to a 30-day supply

**Basic Option - You Pay**

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Tier 2 (preferred brand-name drug): \$50 copayment for each purchase of up to a 30-day supply (\$150 copayment for a 31 to 90-day supply)

Tier 3 (non-preferred brand-name drug): 50% of the Plan allowance (\$60 minimum) for each purchase of up to a 30-day supply (\$175 minimum for a 31 to 90-day supply)

Tier 4 (preferred specialty drug): \$80 copayment limited to one purchase of up to a 30-day supply

Tier 5 (non-preferred specialty drug): \$100 copayment limited to one purchase of up to a 30-day supply

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## Benefit Description

### Non-preferred Retail Pharmacies

#### Standard Option - You Pay

45% of the Plan allowance (Average wholesale price – AWP), plus any difference between our allowance and the billed amount (no deductible)

Note: If you use a Non-preferred retail pharmacy, you must pay the full cost of the drug or supply at the time of purchase and file a claim with the Retail Pharmacy Program to be reimbursed. Please refer to Section 7 for instructions on how to file prescription drug claims.

#### Basic Option - You Pay

All charges

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*Covered Medication and Supplies - continued on next page*

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