

**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f). Prescription Drug Benefits**  
**Page 114**

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**Benefit Description**

**Mail Service Prescription Drug Program:**

Note: See earlier in this section for Tier 2, 3, and 4 prescription drug benefits.

Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for those enrolled in the FEP Medicare Prescription Drug Program when obtained through the Mail Service Prescription Drug Program.

**Standard Option - You Pay**

Tier 2 (preferred brand-name drug): \$40 copayment for each purchase of up to a 90-day supply (no deductible)

**Basic Option - You Pay**

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

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

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**Benefits Description**

**Covered Medications and Supplies**

**Smoking and Tobacco Cessation Medications**

If you are a covered member, you may be eligible to obtain specific prescription generic and brand-name smoking and tobacco cessation medications at no charge. Additionally, you may be eligible to obtain over-the-counter (OTC) smoking and tobacco cessation medications, prescribed by your physician, at no charge. These benefits are only available when you use a Preferred retail pharmacy. To qualify, create a Tobacco Cessation Quit Plan using Daily Habits. For more information, see Section 5(h). The Quit Plan is not required for those covered under the FEP Medicare Prescription Drug Program.

Note: There may be age-restrictions based on U.S. FDA guidelines for these medications.

The following medications are covered through this program:

- Generic medications available by prescription:
  - Bupropion ER 150 mg tablet
  - Bupropion SR 150 mg tablet
  - Varenicline 0.5 mg tablets
  - Varenicline 1 mg tablets
  - Varenicline starting pack
- Brand-name medications available by prescription:
  - Nicotrol cartridge inhaler
  - Nicotrol NS Spray 10 mg/ml
- Over-the-counter (OTC) medications

**Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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*Covered Medications and Supplies - continued on next page*

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Go to page [113](#). Go to page [115](#).