

2023 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.)

- Drugs to aid smoking and tobacco cessation that require a prescription by federal law

Notes:

- We provide benefits for over-the-counter (OTC) smoking and tobacco cessation medications only as described on page [98](#).
- You may be eligible to receive smoking and tobacco cessation medications at no charge. See page [98](#) for more information.
- Drugs for the diagnosis of infertility, except as described on page [99](#)
- 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 generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative, when you purchase them at a Preferred retail pharmacy.

You Pay

See pages [93](#) and [98](#)

Benefits Description

Over-the-counter (OTC) contraceptive drugs and devices, limited to:

- Emergency contraceptive pills
- Condoms
- Spermicides
- Sponges

Note: We provide benefits in full for OTC contraceptive drugs and devices when the contraceptives meet U.S FDA standards for OTC products. To receive benefits, you must use a Preferred retail pharmacy and present the pharmacist with a written prescription from your physician.

You Pay

Preferred retail and overseas retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Note: See Section 5(i), page [108](#), for information on how to file claims for overseas services.

Benefits Description

Immunizations when provided by a Preferred retail pharmacy that participates in our vaccine network (see below) and administered in compliance with applicable state law and pharmacy certification requirements. See pages [42](#) and [44](#) for specific coverage.

Note: Our vaccine network is a network of Preferred retail pharmacies that have agreements with us to administer one or more routine immunizations. Check with your pharmacy or call our Retail Pharmacy Program at 800-624-5060, TTY: 711, to find out which vaccines your pharmacy can provide.

You Pay

Preferred retail and overseas retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Notes:

- You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.
- See Section 5(i), page [108](#), for information on how to file claims for overseas services.

Covered Medications and Supplies - continued on next page

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