

**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.)** **Diabetic Meter Program**

Members with diabetes may obtain one glucose meter kit every 365 days at no cost through our Diabetic Meter Program. To use this program, you must call the phone number listed below and request one of the eligible types of meters. The types of glucose meter kits available through our program are subject to change.

To order your free glucose meter kit, call us toll-free at 855-582-2024, Monday through Friday, from 9 a.m. to 7 p.m., Eastern Time, or visit our website at [www.fepblue.org](http://www.fepblue.org). The selected meter kit will be sent to you within 7 to 10 days of your request.

Note: Contact your physician to obtain a new prescription for the test strips and lancets to use with the new meter. Benefits will be provided for the test strips at Tier 2 (preferred brand-name) benefit payment levels if you purchase brand-name strips at a Preferred retail pharmacy. See page [97](#) for more information.

### **You Pay**

Nothing for a glucose meter kit ordered through our Diabetic Meter Program

When obtained from any other source: You pay all charges

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## **Benefits Description**

Medications to promote better health as recommended under the Patient Protection and Affordable Care Act (the “Affordable Care Act”), limited to:

- Iron supplements for children from age 6 months through 12 months
- Oral fluoride supplements for children from age 6 months through 5 years
- Folic acid supplements, 0.4 mg to 0.8 mg, for individuals capable of pregnancy
- Low-dose aspirin (81 mg per day) for pregnant members at risk for preeclampsia
- Aspirin for men age 45 through 79 and women age 50 through 79

- Generic cholesterol-lowering statin drugs

Notes:

- Benefits are not available for acetaminophen, ibuprofen, naproxen, etc.
- Benefits for the medications listed above are subject to the dispensing limitations described on pages [91-92](#) and are limited to recommended prescribed limits.
- To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.
- A complete list of USPSTF-recommended preventive care services is available online at: [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits). See pages [41-45](#) and [75](#) in Section 5(a) and 5(c) for information about other covered preventive care services.
- See page [98](#) for our coverage of smoking and tobacco cessation medications.

**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.

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**Benefits Description**

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at [www.fepblue.org](http://www.fepblue.org).

**You Pay**

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

Non-preferred retail pharmacy: You pay all charges

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*Covered Medications and Supplies - continued on next page*

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