
2025 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 associated with covered artificial insemination procedures
- Drugs to treat gender dysphoria (gonadotropin releasing hormone (GnRH) antagonists and testosterone)
- Drugs prescribed to treat obesity (prior approval required)
- Medical foods
- Insulin, diabetic test strips, lancets, and tubeless insulin delivery systems (See Section 5(a) for our coverage of insulin pumps with tubes.)
- Needles and disposable syringes for the administration of covered medications
- Clotting factors and anti-inhibitor complexes for the treatment of hemophilia
- 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 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. 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.

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).

You Pay

Continued from previous page:

Tier 2: Preferred Brand-name Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

Tier 3: Non-preferred Brand-name Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

Tier 4: Preferred Specialty Drugs obtained at a Retail Pharmacy

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of a 31 to 90-day supply (no deductible)

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

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