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### 2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

#### Section 5(f). Prescription Drug Benefits

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#### Benefits Description

##### Drugs From Other Sources (cont.)

Note: Prior approval is required for certain medical benefit drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at [www.fepblue.org/medicalbenefitdrugs](http://www.fepblue.org/medicalbenefitdrugs) for a list of these drugs. See Section 3 for more information on prior approval.

#### You Pay

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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#### Benefits Description

##### For members covered under our traditional pharmacy drug program

Auto-immune infusion medications: Remicade, Renflexis and Inflectra

#### Notes:

- Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center).
- Members covered under the FEP Medicare Prescription Drug Program may obtain these drugs under their pharmacy benefits.

#### You Pay

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

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Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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