

2020 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.)

- 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 [95](#) and [99](#)

Benefit Description

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

- Emergency contraceptive pills
- Female condoms
- Spermicides
- Sponges

Note: We provide benefits in full for OTC contraceptive drugs and devices for women only 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

Non-preferred retail pharmacy: You pay all charges

Note: See Section 5(i), page [110](#), for information on how to file claims for overseas services.

Benefit 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 [45](#) and [46](#) 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: 800-624-5077, to find out which vaccines your pharmacy can provide.

You Pay

Preferred retail and overseas retail pharmacy: Nothing

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 [110](#), for information on how to file claims for overseas services.

Benefit Description**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 telephone 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. 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 [99](#) 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

Covered Medications and Supplies - continued on next page

