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**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(f)(a). FEP Medicare Prescription Drug Program**  
**Page 95**

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**Benefits Description**

**Covered Medications and Supplies (cont.)**

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, 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](http://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](mailto: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**

Tier 1: Preferred Generic Drugs obtained at a Retail Pharmacy

- \$5 copayment for each purchase of up to a 30-day supply (no deductible)
- \$15 copayment for each purchase of a 31 to 90-day supply (no deductible)

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)

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

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Go to page [93](#). Go to page [96](#).