**2027 Blue Cross and Blue Shield Service Benefit Plan**
**FEP Blue Standard and FEP Blue Basic**

## Benefits Description

Opioid rescue agents are covered under this Plan with no cost sharing when obtained with a prescription from a pharmacy in any over-the-counter or prescription form available such as nasal sprays and intramuscular injections.

### Preferred Retail Pharmacies

#### Standard Option - You Pay

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

#### Basic Option - You Pay

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

### Non-preferred Retail Pharmacies

#### Standard Option - You Pay
You pay all charges

#### Basic Option - You Pay
You pay all charges

### Mail Service Prescription Drug Program
For more information, consult the FDA guidance at https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose or call SAMHSA's National Helpline 800-662-HELP (4357) or go to https://www.findtreatment.samhsa.gov/.

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a combined 90-day supply through any of our pharmacy programs, all Tier 1 fills thereafter are subject to the corresponding cost-share.

**Standard Option - You Pay**
Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

**Basic Option - When Medicare Part B is primary, you pay the following:**

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year