

**Coalition of Public Safety Employees Health Trust**  
**Group Number: 71792 Package Code(s): 010, 020, 110**  
**Section Code(s): 1000**  
**Prescription Drugs**  
**Effective Date: 01/01/2025**  
**Benefits-at-a-glance**

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

**Member's responsibility (copays and coinsurance amounts)**

Benefits	Coverage
Retail - 30-day supply	\$5 copay - Generic drugs \$20 copay - Preferred brand drugs \$40 copay - Non-Preferred brand drugs  Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90-day supply	\$10 copay - Generic drugs \$40 copay - Preferred brand drugs \$80 copay - Non-Preferred brand drugs
Specialty Drugs – 30-day supply Retail and Mail Order	\$5 copay - Generic drugs \$20 copay - Preferred brand drugs \$40 copay - Non-Preferred brand drugs  Members are restricted to a 30-day supply at both retail and mail order and certain specialty drugs are limited to only a 15-day supply for each fill.
<b>Oral and Injectable Contraceptives</b> Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
<b>Additional Services</b>	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
<b>Diabetic Supplies</b>	Select diabetic supplies and devices are covered when prescribed by a physician or other professional provider licensed to prescribe it. Select diabetic supplies and devices include: Glucometers, Continuous Glucose Monitors and Sensors, Insulin Delivery Monitors, Test Strips and Lancets and Insulin Delivery Reservoirs.  <ul style="list-style-type: none"> <li>• Diabetic supplies will be subject to your preferred brand - name drug and/or nonpreferred brand-name drugs cost-share requirement.</li> <li>• "Preferred" devices will be covered at 100% of our approved amount.</li> <li>• "Nonpreferred" devices will be subject to your nonpreferred brand-name drugs cost-share requirement.</li> <li>• If you receive diabetic supplies and devices paid by your BCBSM medical plan, your BCBSM prescription drug plan will not pay for the same diabetic supplies.</li> </ul>