

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5. Benefits****Section 5(f). Prescription Drug Benefits****Covered Medications and Supplies**

Benefits Description**Other Preferred Diabetic Medications, Test Strips, and Supplies****Preferred Retail Pharmacies:****Standard Option - You Pay**

Tier 2 (preferred diabetic medications and supplies): 20% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 2 (preferred insulins): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply) (no deductible)

Non-preferred retail pharmacies: You pay all charges

Basic Option - You Pay

Tier 2 (preferred diabetic medications and supplies): \$35 copayment for each purchase of up to a 30-day supply (\$65 copayment for a 31 to 90-day supply)

Mail Service Prescription Drug Program:

Note: See earlier in this section for Tier 2, 3, 4, and 5 prescription drug benefits.

Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for Standard Option members, and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program.

Standard Option - You Pay

Tier 2 (preferred brand-name drug): \$40 copayment for each purchase of up to a 90-day supply (no deductible)

Basic Option - You Pay

Note: Although you do not have access to the Mail Service Prescription Drug Program, you may request home delivery of prescription drugs you purchase from Preferred retail pharmacies offering options for online ordering.