

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(f)(a). FEP Medicare Prescription Drug Plan
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Benefits Description

Covered Medications and Supplies (cont.)

- *Products and foods other than liquid formulas or powders mixed to become formulas; foods and formulas readily available in a retail environment and marketed for persons without medical conditions; low-protein modified foods (e.g., pastas, breads, rice, sauces and baking mixes); nutritional supplements, energy products; and similar items*

Note: See Section 5(a) for our coverage of medical foods and nutritional supplements when administered by catheter or nasogastric tube.

- *Infant formula other than previously described in this section and in Section 5(a)*
- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *For members enrolled in our regular pharmacy drug program, drugs prescribed in connection with Sex-Trait Modification for treatment of gender dysphoria. If you are mid-treatment under this Plan (Section 5(f) only), within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received coverage under the 2025 Plan brochure, you may seek an exception to continue care for that treatment. If you have questions about the exception process, contact us using the customer service number listed on the back of your ID card.
If you disagree with our decision, please see Section 8 of this brochure for the disputed claims process. Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*
- *Drugs purchased through the mail or internet from pharmacies outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as previously described in this section*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described in Section 5(a)*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Drugs From Other Sources - continued on next page