

**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**

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**Note:** For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

**Benefits Description****Anti-hypertensive Medications****Preferred Retail Pharmacies:**

Note: See Section 3 for information about drugs and supplies that require prior approval.

**Standard Option - You Pay**

Tier 1 (generic drug): \$3 copayment (no deductible)

**Basic Option - You Pay**

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

**Mail Service Prescription Drug Program:**

Note: You must obtain prior approval before Mail Service will fill your prescription.

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

**Standard Option - You Pay**

Tier 1 (generic drug): \$3 copayment (no deductible)

**Basic Option - When Medicare Part B is primary and you are enrolled in the Medicare Prescription Drug Program, you pay the following:**

Tier 1 (generic drug): \$5 copayment