

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(f). Prescription Drug Benefits
Page 108

Benefit Description

Covered Medications and Supplies (cont.)

Specialty Drug Pharmacy Program

We cover specialty drugs that are listed on the Service Benefit Plan Specialty Drug List. This list is subject to change. For the most up-to-date list, call the phone number below or visit our website, www.fepblue.org. (See Section 10 for the definition of "specialty drugs.")

Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you. See Section 7 for more details about the Program.

Note: Benefits for the first three fills of each Tier 4 or Tier 5 specialty drug are limited to a 30-day supply. Benefits are available for a 31 to 90-day supply after the third fill.

Note: Due to manufacturer restrictions, a small number of specialty drugs may only be available through a Preferred retail pharmacy. You will be responsible for paying only the copayments shown here for specialty drugs affected by these restrictions.

Contact Us: If you have any questions about this program, or need assistance with your specialty drug orders, please call 888-346-3731, TTY: 711.

Standard Option - You Pay

Tier 4 (preferred specialty drug): \$100 copayment for each purchase of up to a 30-day supply (\$300 copayment for a 31 to 90-day supply) (no deductible)

Tier 5 (non-preferred specialty drug): \$135 copayment for each purchase of up to a 30-day supply (\$405 copayment for a 31 to 90-day supply) (no deductible)

Basic Option - You Pay

Tier 4 (preferred specialty drug): 35% of the Plan allowance for purchases up to a 30-day supply (up to a maximum of \$400) and 31 to 90-day supply (up to a maximum of \$1,200)

Tier 5 (non-preferred specialty drug): 35% of the Plan allowance for a 30-day supply (up to a maximum of \$500) and a 31 to 90-day supply supply (up to a maximum of \$1,500)

Benefit Description**Asthma 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): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): 20% of the Plan allowance (no deductible)

Tier 2 (preferred controller medication): \$35 copayment for each purchase of up to a 31-day supply (\$105 copayment for a 31 to 90-day supply)

Basic Option - You Pay

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

Tier 2 (preferred brand-name drug): \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply)

Mail Service Prescription Drug Program:

Note: You must obtain prior approval for certain drugs before Mail Service will fill your prescription. See Section 3.

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

Standard Option - You Pay

Tier 1 (generic drug): \$5 copayment (no deductible)

Tier 2 (preferred brand-name drug): \$65 copayment (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.

Benefit 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)

Covered Medication and Supplies - continued on next page