

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.)

Immunizations when provided by a Preferred retail pharmacy that participates in our vaccine network (see below) and administered in compliance with applicable state law and pharmacy certification requirements.

Note: Our vaccine network is a network of Preferred retail pharmacies that have agreements with us to administer one or more routine immunizations. Check with your pharmacy or call our Retail Pharmacy Program at 800-624-5060, TTY: 711, to find out which vaccines your pharmacy can provide.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Benefits Description

Metformin and metformin extended release (excluding osmotic and modified release generic drugs)

Preferred Retail Pharmacies:

Standard Option - You Pay

Tier 1 (generic drug): \$1 copayment for each purchase of up to a 90-day supply (no deductible)

Basic Option - You Pay

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

Mail Service Prescription Drug Program:**Standard Option - You Pay**

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

Benefits Description

Medications to promote better health as recommended under the Patient Protection and Affordable Care Act (the “Affordable Care Act”), limited to:

- Iron supplements for children from age 6 months through 12 months
- Oral fluoride supplements for children from age 6 months through 5 years
- Folic acid supplements, 0.4 mg to 0.8 mg, for individuals capable of pregnancy
- Low-dose aspirin (81 mg per day) for pregnant members at risk for preeclampsia
- Aspirin for men age 45 through 79 and women age 50 through 79
- Generic cholesterol-lowering statin drugs

Note: Benefits are not available for acetaminophen, ibuprofen, naproxen, etc.

Note: Benefits for these medications are subject to the dispensing limitations described earlier and are limited to recommended prescribed limits.

Note: To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

Covered Medications and Supplies - continued on next page