

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5(f). Prescription Drug Benefits****Page 105****Benefit Description****Covered Medication 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](http://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): \$150 copayment for each purchase of up to a 30-day supply (\$450 copayment for a 31 to 90-day supply) (no deductible)

**Basic Option - You Pay**

Tier 4 (preferred specialty drug): 35% of the Plan allowance (\$250 maximum) for each purchase of up to a 30-day supply (\$700 maximum for a 31 to 90-day supply)

Tier 5 (non-preferred specialty drug): 35% of the Plan allowance (\$500 maximum) for each purchase of up to a 30-day supply (\$850 maximum for a 31 to 90-day supply)

**When Medicare Part B is primary, you pay the following:**

Tier 4 (preferred specialty drug): 35% of the Plan allowance (\$200 maximum) for each purchase of up to a 30-day supply (\$450 maximum for a 31 to 90-day supply)

---

Tier 5 (non-preferred specialty drug): 35% of the Plan allowance (\$450 maximum) for each purchase of up to a 30-day supply (\$625 maximum for a 31 to 90-day supply)

---

## **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 30-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)

#### **Basic Option - When Medicare Part B is primary, you pay the following:**

Tier 1 (generic drug): \$5 copayment

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

---

*Covered Medication and Supplies - continued on next page*