

**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****Covered Medications and Supplies****Asthma Medications****Network 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 copayment for each purchase of up to a 30-day supply (\$60 copayment for a 31 to 90-day supply) (no deductible)

**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): \$30 copayment for each purchase of up to a 30-day supply (\$90 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 and Tier 4 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**

Tier 1 (generic drug): \$5 copayment

Tier 2 (preferred brand-name drug): \$75 copayment