

**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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**Benefits Description**

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at [www.fepblue.org](http://www.fepblue.org). This is not required if you are covered under the FEP Medicare Prescription Drug Program.

**Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

**Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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

Mail Service Prescription Drug Program: Nothing