

**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****Other Preferred Diabetic Medications, Test Strips, and Supplies****Network Retail Pharmacies:****Standard Option - You Pay**

Tier 2 (preferred diabetic medications and supplies): \$20 copayment for each purchase of up to a 30-day supply (\$50 copayment for a 31 to 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)

**Basic Option - You Pay**

Tier 2 (preferred diabetic medications and supplies): \$30 copayment for each purchase of up to a 30-day supply (\$60 copayment for a 31 to 90-day supply)

**Mail Service Prescription Drug Program:**

Note: See earlier in this section for Tier 2, 3, and 4 prescription drug benefits. Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for those enrolled in the FEP Medicare Prescription Drug Program when obtained through the Mail Service Prescription Drug Program.

**Standard Option - You Pay**

Tier 2 (preferred brand-name drug): \$40 copayment for each purchase of up to a 90-day supply (no deductible)

**Basic Option - You Pay**

Tier 2 (preferred brand-name drug): \$50 copayment for each purchase of up to a 90-day supply

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**The pharmacy benefits starting here to the end of the section apply to all covered members, unless otherwise noted.**

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