

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(f). Prescription Drug Benefits
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Benefits Description

Not covered:

- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *Drugs prescribed in connection with Sex-Trait Modification for treatment of gender dysphoria Note: If you are mid-treatment under this Plan, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received coverage under the 2025 Plan brochure, you may seek an exception to continue care. If you have questions about the exception process, contact us using the customer service phone number listed on the back of your ID card. If you disagree with our decision, please see Section 8 of this brochure for the disputed claims process. Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*
- *Drugs purchased through the mail or internet from pharmacies outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as previously described in this section*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described in Section 5(a)*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Benefits Description

Drugs From Other Sources

Covered prescription drugs and supplies not obtained at a retail pharmacy, through the Specialty Drug

Pharmacy Program, or, for Standard Option members and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. This includes drugs and supplies covered only under the medical benefit.

Note: Prior approval is required for certain medical benefit drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at www.fepblue.org/medicalbenefitdrugs for a list of these drugs. See Section 3 for more information on prior approval.

Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

Participating professional provider: 35% of the Plan allowance (deductible applies)

Non-participating professional provider: 35% of the Plan allowance (deductible applies) plus any difference between our allowance and the billed amount

Member facilities: 35% of the Plan allowance (deductible applies)

Basic Option - You Pay

Preferred: 35% of the Plan allowance

Participating professional provider: You pay all charges

Non-participating professional provider: You pay all charges

Member/Non-member facilities: You pay all charges

Drugs From Other Sources - continued on next page