

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**

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****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. (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)