

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 2. Changes for 2026****Changes to our Standard Option only**

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**Changes to our Standard Option only**

- There is no longer a reduced Preferred retail pharmacy Tier 1 (generic drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular pharmacy drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [102](#).)
- There is no longer a reduced Tier 1 (generic drug) copayment for the Mail Service Prescription Drug Program for members enrolled in our regular prescription drug program who have Medicare Part B primary. You will pay the same cost-share as those enrolled in our regular prescription drug program who do not have Medicare Part B primary, when purchased through the Mail Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for 15% of the Plan allowance up to a \$150 maximum for a Tier 2 (preferred brand-name drug) purchased through the Mail Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for 20% of the Plan allowance up to a maximum of \$250 for a Tier 3 (non-preferred brand-name drug) obtained through the Mail Order Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 4 (preferred specialty drug) copayment will be \$100 for each purchase up to a 30-day supply (\$300 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [105](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) copayment will be \$150 for each purchase up to a 30-day supply (\$450 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [105](#).)
- For members enrolled in our regular prescription drug program, certain asthma controller medications under our Tier 2 (preferred brand-name drug) are now only a \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply) when purchased at a Preferred retail pharmacy. (See page [105](#).)