

**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**

**Non-preferred Retail Pharmacies**

**Standard Option - You Pay**

45% of the Plan allowance (Average wholesale price – AWP), plus any difference between our allowance and the billed amount (no deductible)

**Note:** If you use a Non-preferred retail pharmacy, you must pay the full cost of the drug or supply at the time of purchase and file a claim with the Retail Pharmacy Program to be reimbursed. Please refer to Section 7 for instructions on how to file prescription drug claims.

**Basic Option - You Pay**

All charges