

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5(f). Prescription Drug Benefits****Page 114****Benefits Description****Covered Medications and Supplies (cont.)**

Note: To receive benefits for over-the-counter (OTC) smoking and tobacco cessation medications, you must have a physician's prescription for each OTC medication that must be filled by a pharmacist at a Preferred retail pharmacy.

Note: These benefits apply only when all of the criteria listed above are met. Regular prescription drug benefits will apply to purchases of smoking and tobacco cessation medications not meeting these criteria. Benefits are not available for over-the-counter (OTC) smoking and tobacco cessation medications except as described above.

Note: See Section 5(a) for our coverage of smoking and tobacco cessation treatment, counseling, and classes.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

Benefits Description**Anti-hypertensive Medications****Preferred Retail Pharmacies:**

Note: See Section 3 for information about drugs and supplies that require prior approval.

Standard Option - You Pay

Tier 1 (generic drug): \$3 copayment (no deductible)

Basic Option - You Pay

Tier 1 (generic drug): \$5 copayment for each purchase of up to a 90-day supply

Mail Service Prescription Drug Program:

Note: You must obtain prior approval for certain drugs before Mail Service will fill your prescription.

Note: See earlier in this section for Tier 2, 3, 4, and 5 prescription drug benefits.

Standard Option - You Pay

Tier 1 (generic drug): \$3 copayment (no deductible)

Basic Option - When Medicare Part B is primary, you pay the following:

Tier 1 (generic drug): \$5 copayment

Benefits Description

- Over-the-counter (OTC) contraceptive drugs and devices, limited to:
 - Emergency contraceptive pills
 - Condoms
 - Spermicides
 - Sponges

Note: We provide benefits in full for OTC contraceptive drugs and devices when the contraceptives meet U.S. FDA standards for OTC products. To receive benefits, you must use a retail pharmacy and present the pharmacist with a written prescription from your physician.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

Benefits Description

Immunizations when provided by a Preferred retail pharmacy that participates in our vaccine network (see below) and administered in compliance with applicable state law and pharmacy certification

requirements.

Standard Option - You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Basic Option - You Pay

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges (except as noted below)

Note: You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

Covered Medication and Supplies - continued on next page