

**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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**Benefits Description**

Metformin and metformin extended release (excluding osmotic and modified release generic drugs)

**Preferred Retail Pharmacies:**

**Standard Option - You Pay**

Tier 1 (generic drug): \$1 copayment for each purchase of up to a 90-day supply (no deductible)

**Basic Option - You Pay**

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

**Mail Service Prescription Drug Program:**

**Standard Option - You Pay**

Tier 1 (generic drug): \$1 copayment for each purchase of up to a 90-day supply (no deductible)

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

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