2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(f)(a). FEP Medicare Prescription Drug Program

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
Asthma Medications
Network Retail Pharmacies:

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

Standard Option - You Pay
Tier 1 (generic drug): $5 copayment (no deductible)

Tier 2 (preferred brand-name drug): $20 copayment for each purchase of up to a 30-day supply ($60 copayment for a 31 to 90-day supply) (no deductible)

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

Tier 2 (preferred brand-name drug): $30 copayment for each purchase of up to a 30-day supply ($90 copayment for a 31 to 90-day supply)

Mail Service Prescription Drug Program
Note: You must obtain prior approval for certain drugs before Mail Service will fill your prescription. See Section 3.

Note: See earlier in this section for Tier 3 and Tier 4 prescription drug benefits

Standard Option - You Pay
Tier 1 (generic drug): $5 copayment (no deductible)

Tier 2 (preferred brand-name drug): $50 copayment (no deductible)

Basic Option - You Pay
Tier 1 (generic drug): $5 copayment

Tier 2 (preferred brand-name drug): $75 copayment