2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic

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

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 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 and you are enrolled in the Medicare Prescription Drug Program, you pay the following:
Tier 1 (generic drug): $5 copayment