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

Benefits Description

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at www.fepblue.org. This is not required if you are covered under the FEP Medicare Prescription Drug Program.

Standard Option - You Pay
Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Mail Service Prescription Drug Program: Nothing (no deductible)

Basic Option - You Pay
Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

Basic Option - When Medicare Part B is primary and you are enrolled in the Medicare Prescription Drug Program, you pay the following:

Mail Service Prescription Drug Program: Nothing