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

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 and you are enrolled in the Medicare Prescription Drug Program, you pay the following:
Tier 1 (generic drug): $1 copayment for each purchase of up to a 90-day supply