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

Benefits Description

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at www.fepblue.org or call 800-624-5060, TTY: 711, for assistance.

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