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

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

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): $5 copayment (no deductible)

Tier 2 (preferred brand-name drug): 20% of the Plan allowance (no deductible)

Tier 2 (preferred controller medication): $35 copayment for each purchase of up to a 30-day supply ($105 copayment for a 31 to 90-day supply)

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): $35 copayment for each purchase of up to a 30-day supply ($105 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, 4 and 5 prescription drug benefits.

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

Tier 2 (preferred brand-name drug): $65 copayment (no deductible)

Basic Option - You Pay
Note: Although you do not have access to the Mail Service Prescription Drug Program, you may request home delivery of prescription drugs you purchase from Preferred retail pharmacies offering options for online ordering.