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

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

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