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

Benefits Description

Preferred Diabetic Medications, Test Strips, Lancets and Tubeless Insulin Delivery Systems
(See Section 5(a) for our coverage of insulin pumps with tubes.)

Standard Option - You Pay
Tier 2 (preferred diabetic medications and supplies): 20% of the Plan allowance for each purchase of up to a 90-day supply (no deductible)

Tier 2 (preferred insulins): $35 copayment for each purchase of up to a 30-day supply ($70 copayment for a 31 to 90-day supply) (no deductible)

Basic Option - You Pay
Tier 2 (preferred diabetic medications and supplies): $35 copayment for each purchase of up to a 30-day supply ($105 copayment for a 31 to 90-day supply)

Basic Option - When Medicare Part B is primary, you pay the following:
Tier 2 (preferred brand-name drugs): $30 copayment for each purchase of up to a 30-day supply ($90 copayment for a 31 to 90-day supply)

Mail Service Prescription Drug Program:

Note: See earlier in this section for Tier 2, 3, 4, and 5 prescription drug benefits.

Benefits will be provided for syringes, pens and pen needles and test strips at Tier 2 (diabetic medications and supplies) for Standard Option members, and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program.

Standard Option - You Pay
Tier 2 (preferred brand-name drugs): $40 copayment for each purchase of up to a 90-day supply (no deductible)

Basic Option - When Medicare Part B is primary, you pay the following:

Tier 2 (preferred brand-name drugs) $50 copayment for each purchase of up to a 90-day supply