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

Benefits Description

Drugs From Other Sources

Covered prescription drugs and supplies not obtained at a retail pharmacy, through the Specialty Drug Pharmacy Program, or, for Standard Option members and Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. This includes drugs and supplies covered only under the medical benefit.

Note: Prior approval is required for certain medical benefit drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at www.fepblue.org/medicalbenefitdrugs for a list of these drugs. See Section 3 for more information on prior approval.

Note: We cover drugs and supplies purchased overseas as shown here, as long as they are the equivalent to drugs and supplies that by Federal law of the United States require a prescription. Please refer to Section 5(i) for more information.

Note: For covered prescription drugs and supplies purchased outside of the United States, Puerto Rico, and the U.S. Virgin Islands, please submit claims on an Overseas Claim Form. See Section 5(i) for information on how to file claims for overseas services.

- Please refer to the Sections indicated for additional benefit information related to drugs obtained from other sources:
    - Physician's office – Section 5(a)
    - Facility (inpatient or outpatient) – Section 5(c)
    - Hospice agency – Section 5(c)

- Please refer to information discussed previously in this section for prescription drugs obtained from a Preferred retail pharmacy, that are billed for by a skilled nursing facility, nursing home, or extended care facility.

Standard Option - You Pay
Preferred: 15% of the Plan allowance (deductible applies)

Participating professional provider: 35% of the Plan allowance (deductible applies)

Non-participating professional provider: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Member facilities: 35% of the Plan allowance (deductible applies)

Non-member facilities: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Basic Option - You Pay
Preferred: 35% of the Plan allowance

Participating professional provider: You pay all charges

Non-participating professional provider: You pay all charges

Member/Non-member facilities: You pay all charges

Benefits Description

For members covered under our regular pharmacy drug program:

- Auto-immune infusion medications: Remicade, Renflexis and Inflectra

Note: Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained from a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center). Members covered under the FEP Medicare Prescription Drug Program may obtain these drugs under their pharmacy benefits.

Standard Option - You Pay
Preferred: 10% of the Plan allowance (deductible applies)

Participating professional provider: 15% of the Plan allowance (deductible applies)

Non-participating professional provider: 15% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Member facilities: 15% of the Plan allowance (deductible applies)

Non-member facilities: 15% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount.

Basic Option - You Pay
Preferred: 15% of the Plan allowance

Participating professional provider: You pay all charges

Non-participating professional provider: You pay all charges

Member/Non-member facilities: You pay all charges