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

Mail Service Prescription Drug Program

For Standard Option and Basic Option members when Medicare Part B is primary, if your doctor orders more than a 21-day supply of covered drugs or supplies, up to a 90-day supply, you can use this service for your prescriptions and refills.

Please refer to Section 7 for instructions on how to use the 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: Not all drugs are available through the Mail Service Prescription Drug Program. There are no specialty drugs available through the Mail Service Program.

Note: Please keep reading for information about the Specialty Drug Pharmacy Program.

Note: We waive your cost-share for available forms of generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative, as listed in each therapeutic class under the HRSA guidelines found at https://www.hrsa.gov/womens-guidelines, when purchased from a Preferred retail pharmacy. You may seek an exception for any contraceptive that is not available with zero-member cost-share. Your provider will need to complete the Contraceptive Exception Form under Pharmacy Forms found on our website at www.fepblue.org/claim-forms. If you have questions about the exception process, call 800-624-5060. Once we have been contacted with exception request information sufficient for us to make a determination, you will receive a response within 24 hours or the next business day. Contraceptive exception requests are not subject to Section 8, *The Disputed Claims Process*. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact contraception@opm.gov.

Reimbursement for covered over-the-counter contraceptives can be submitted in accordance with Section 7.

Note: For additional Family Planning benefits, see Section 5(a).

Standard Option - You Pay
Tier 1 (generic drug): $15 copayment (no deductible)

Note: You may be eligible to receive your first 4 generic prescriptions filled (and/or refills ordered) at no charge when you change from certain brand-name drugs to a corresponding generic drug replacement, as previously stated.

Tier 2 (preferred brand-name drug): 15% of the Plan allowance (up to a $150 maximum) (no deductible)

Tier 3 (non-preferred brand-name drug): 20% of the Plan allowance (up to a maximum of $250) (no deductible)

Basic Option - You Pay
Tier 1 (generic drug): $20 copayment

Tier 2 (preferred brand-name drug): 35% of the Plan allowance up to a $225 maximum

Tier 3 (non-preferred brand-name drug): 35% of the Plan allowance up to a $250 maximum

When Medicare Part B is not primary: No benefits

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.