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

Section 5(f). Prescription Drug Benefits

Important things you should keep in mind about these benefits for members enrolled in our regular pharmacy program:

- We cover prescription drugs and supplies, as described in the chart below and on the following pages for members enrolled in our regular pharmacy drug program.
- Federal or state laws may prevent the pharmacy from accepting unused drugs.
- If there is no generic drug available, you must pay the brand-name cost-sharing amount when you receive a brand-name drug.
- If there is a generic substitution available and you or your provider requests a brand-name drug, you will be responsible for the applicable tier cost-share plus the difference in the cost of the brand-name and generic drug. If the provider's prescription is for the brand-name drug and indicates "dispense as written," you are responsible only for the applicable tier cost-share.
- If the cost of your prescription is less than your cost-sharing amount, you pay only the cost of your prescription.
- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Benefits for certain self-injectable (self-administered) drugs are provided only when they are dispensed by a pharmacy under the pharmacy benefit. See the Tier 4 and Tier 5 specialty drug fills from a Preferred pharmacy in the following pages.
- 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). See *Drugs From Other Sources* in this section for more information.
- Be sure to read Section 4, *Your Costs for Covered Services*, for valuable information about how cost-sharing works. Also, read Section 9 for information about how we pay if you have other coverage, or if you are age 65 or over.
- A PDP EGWP provides prescription drug coverage only, while an MAPD EGWP combines prescription drug, physician, and hospital coverage. Enrollees are encouraged to review their options under the plan to choose what best serves their needs as the PDP EGWP or MAPD EGWP may not offer the same coverage or pricing.

- See Section 9 for the PDP EGWP opt-out process.

- Medication prices vary among different retail pharmacies, the Mail Service Prescription Drug Program, and the Specialty Drug Pharmacy Program. **Review purchasing options for your prescriptions to get the best price.** A drug cost tool is available at www.fepblue.org or call:

    - **Retail Pharmacy Program: 800-624-5060, TTY: 711**
    - **Mail Service Prescription Drug Program: 800-262-7890, TTY: 711**
    - **Specialty Drug Pharmacy Program: 888-346-3731, TTY: 711**

- **YOU MUST GET PRIOR APPROVAL FOR CERTAIN DRUGS AND SUPPLIES, and prior approval must be renewed periodically.** Prior approval is part of our Patient Safety and Quality Monitoring (PSQM) program. Keep reading in this section for more information about the PSQM program and see Section 3 for more information about prior approval. Our prior approval process may include step therapy, which requires you to use a generic and/or preferred medication(s) before a non-preferred medication is covered.

- During the course of the year, we may move a brand-name drug from Tier 2 (preferred brand-name) to Tier 3 (non-preferred brand-name) if a generic equivalent becomes available or if new safety concerns arise. We may also move a specialty drug from Tier 4 (preferred) to Tier 5 (non-preferred) if a generic equivalent or biosimilar becomes available or if new safety concerns arise. If your drug is moved to a higher tier, your cost-share will increase. If your drug is moved to noncovered, you pay the full cost of the medication. Tier reassignments during the year are not considered benefit changes.

- A pharmacy restriction may be applied for clinically inappropriate use of prescription drugs and supplies.

- The Standard Option and Basic Option formularies both contain a comprehensive list of drugs under all therapeutic categories with two exceptions: some drugs, nutritional supplements and supplies are not covered; we may also exclude certain U.S. FDA-approved drugs when multiple generic equivalents/alternative medications are available.

- **The exclusion for hormone treatments for Sex-Trait Modification for gender dysphoria** only pertains to chemical and surgical modification of an individual's sex traits (including as part of "gender transition" services). **We do not exclude coverage for entire classes of pharmaceuticals**, e.g., GnRH agonists may be prescribed during IVF, for reduction of endometriosis or fibroids, and for cancer treatment or prostate cancer/tumor growth prevention.

- **Under Standard Option,**

    - You may use the Retail Pharmacy Program, the Mail Service Prescription Drug Program, or the Specialty Drug Pharmacy Program to fill your prescriptions.

    - There is no calendar year deductible for the Retail Pharmacy Program, the Mail Service Prescription Drug Program, or the Specialty Drug Pharmacy Program.

- **Under Basic Option,**

- **You must use Preferred retail pharmacies or the Specialty Drug Pharmacy Program in order to receive benefits.** Our specialty drug pharmacy is a Preferred pharmacy.

- The Mail Service Prescription Drug Program is available only to members with primary Medicare Part B coverage.

- There is **no calendar year deductible**.

- We use a managed formulary for certain drug classes. Please see our online formulary and drug pricing search tools at www.fepblue.org or call 800-624-5060, TTY: 711.