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
Specialty Drug Pharmacy Program

We cover specialty drugs that are listed on the Service Benefit Plan Specialty Drug List. This list is subject to change. For the most up-to-date list, call the phone number below or visit our website, www.fepblue.org. (See Section 10 for the definition of "specialty drugs.")

Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you. See Section 7 for more details about the Program.

Note: Benefits for the first three fills of each Tier 4 or Tier 5 specialty drug are limited to a 30-day supply. Benefits are available for a 31 to 90-day supply after the third fill.

Note: Due to manufacturer restrictions, a small number of specialty drugs may only be available through a Preferred retail pharmacy. You will be responsible for paying only the copayments shown here for specialty drugs affected by these restrictions.

Contact Us: If you have any questions about this program, or need assistance with your specialty drug orders, please call 888-346-3731, TTY: 711.

Standard Option - You Pay
Tier 4 (preferred specialty drug): $150 copayment for each purchase of up to a 30-day supply ($450 copayment for a 31 to 90-day supply) (no deductible)

Tier 5 (non-preferred specialty drug): $200 copayment for each purchase of up to a 30-day supply ($600 copayment for a 31 to 90-day supply) (no deductible)

Basic Option - You Pay
Tier 4 (preferred specialty drug): 35% of the Plan allowance ($325 maximum) for each purchase of up to a 30-day supply ($800 maximum for a 31 to 90-day supply)

Tier 5 (non-preferred specialty drug): 35% of the Plan allowance ($550 maximum) for each purchase of up to a 30-day supply ($1,000 maximum for a 31 to 90-day supply)

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

Tier 4 (preferred specialty drug): 35% of the Plan allowance ($275 maximum) for each purchase of up to a 30-day supply ($675 maximum for a 31 to 90-day supply)

Tier 5 (non-preferred specialty drug): 35% of the Plan allowance ($500 maximum) for each purchase of up to a 30-day supply ($850 maximum for a 31 to 90-day supply)