

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 5(f). Prescription Drug Benefits

Page 91

Benefit Description

Covered Medications and Supplies (cont.)

- Benefits for these medications listed above are subject to the dispensing limitations described earlier and are limited to recommended prescribed limits.
- To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.
- A complete list of USPSTF-recommended preventive care services is available online at: www.healthcare.gov/preventive-care-benefits. See Sections 5(a) and 5(c) for information about other covered preventive care services.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefit Description

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at www.fepblue.org.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefit Description

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at www.fepblue.org or call 800-624-5060, TTY: 711, for assistance.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefit Description

Opioid rescue agents are covered under this Plan with no cost sharing when obtained with a prescription from a pharmacy in any over-the-counter or prescription form available such as nasal sprays and intramuscular injections.

For more information, consult the FDA guidance at <https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose> or call SAMHSA's National Helpline 1-800-662-HELP (4357) or go to <https://www.findtreatment.samhsa.gov/>.

You Pay

Preferred retail pharmacy: Nothing for the purchase of one 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

Non-preferred retail pharmacy: You pay all charges

Benefit Description

Smoking and Tobacco Cessation Medications

If you are a covered member, you may be eligible to obtain specific prescription generic and brand-name smoking and tobacco cessation medications at no charge. Additionally, you may be eligible to obtain over-the-counter (OTC) smoking and tobacco cessation medications, prescribed by your physician, at no charge. These benefits are only available when you use a Preferred retail pharmacy.

Note: There may be age-restrictions based on U.S. FDA guidelines for these medications.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Covered Medications and Supplies - continued on next page