

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

### **Section 5(f). Prescription Drug Benefits**

#### **Drugs From Other Sources**

#### **Benefits Description**

##### **Drugs From Other Sources**

Covered prescription drugs and supplies not obtained at a retail pharmacy or through the Specialty Drug Pharmacy Program to include, but not limited to:

- Physician's office – for more information refer to Section 5(a)
- Facility (inpatient or outpatient) – for more information refer to Section 5(c)
- Hospice agency – for more information refer to Section 5(c)
- Drugs obtained at a physician's office, inpatient or outpatient facility or hospice agency while overseas, see Section 5(i)
- Drugs and supplies covered only under the medical benefit, see auto-immune infusions below
- Prescription drugs obtained from a Preferred retail pharmacy, that are billed by a skilled nursing facility, nursing home, or extended care facility previously described in this section

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](http://www.fepblue.org/medicalbenefitdrugs) for a list of these drugs. See Section 3 for more information on prior approval.

#### **You Pay**

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

#### **Benefits Description**

Auto-immune infusion medications: Remicade, Renflexis and Inflectra

Notes:

- Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center)

### **You Pay**

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges