

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(f). Prescription Drug Benefits**  
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**Benefit Description**

**Covered Medications and Supplies**

Over-the-counter (OTC) contraceptive drugs and devices, limited to:

- Emergency contraceptive pills
- Condoms
- Spermicides
- Sponges

Note: We provide benefits in full for OTC contraceptive drugs and devices when the contraceptives meet U.S FDA standards for OTC products. To receive benefits, you must use a Preferred retail pharmacy and present the pharmacist with a written prescription from your physician.

**You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

**Benefit Description**

Immunizations when provided by a Preferred retail pharmacy that participates in our vaccine network (see below) and administered in compliance with applicable state law and pharmacy certification requirements.

Note: Our vaccine network is a network of Preferred retail pharmacies that have agreements with us to administer one or more routine immunizations. Check with your pharmacy or call our Retail Pharmacy Program at 800-624-5060, TTY: 711, to find out which vaccines your pharmacy can provide.

**You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Notes:

- You pay nothing for influenza (flu) vaccines obtained at Non-preferred retail pharmacies.

## Benefit Description

### Diabetic Meter Program

Members with diabetes may obtain one glucose meter kit every 365 days at no cost through our Diabetic Meter Program. To use this program, you must call the phone number listed below and request one of the eligible types of meters. The types of glucose meter kits available through our program are subject to change.

To order your free glucose meter kit, call us toll-free at 855-582-2024, Monday through Friday, from 9 a.m. to 7 p.m., Eastern Time, or visit our website at [www.fepblue.org](http://www.fepblue.org). The selected meter kit will be sent to you within 7 to 10 days of your request.

Note: Contact your physician to obtain a new prescription for the test strips and lancets to use with the new meter. Benefits will be provided for the test strips at Tier 2 (preferred brand-name) benefit payment levels if you purchase brand-name strips at a Preferred retail pharmacy.

### You Pay

Nothing for a glucose meter kit ordered through our Diabetic Meter Program

When obtained from any other source: You pay all charges

## Benefit Description

Medications to promote better health as recommended under the Patient Protection and Affordable Care Act (the "Affordable Care Act"), limited to:

- Iron supplements for children from age 6 months through 12 months
- Oral fluoride supplements for children from age 6 months through 5 years
- Folic acid supplements, 0.4 mg to 0.8 mg, for individuals capable of pregnancy
- Low-dose aspirin (81 mg per day) for pregnant members at risk for preeclampsia
- Aspirin for men age 45 through 79 and women age 50 through 79
- Generic cholesterol-lowering statin drugs

Notes:

- Benefits are not available for acetaminophen, ibuprofen, naproxen, etc.

### **You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

*Covered Medications and Supplies - continued on next page*