

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

Benefits 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