

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

Covered Medications and Supplies (cont.)

- Contraceptive drugs and devices, limited to:
 - Diaphragms and contraceptive rings
 - Injectable contraceptives
 - Intrauterine devices (IUDs)
 - Implantable contraceptives
 - Oral and transdermal contraceptives

Notes:

- We waive your cost-share for generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative, as listed in each therapeutic class under the HRSA guidelines, when purchased from a Preferred retail pharmacy. You may seek an exception for any contraceptive that is not available with zero-member cost-share. Your provider will need to complete the Contraceptive Exception Form under Pharmacy Forms found on our website at www.fepblue.org/claim-forms. If you have questions about the exception process, call 800-624-5060. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact contraception@opm.gov.
- Reimbursement for covered over-the-counter contraceptives can be submitted in accordance with Section 7.
- For additional Family Planning benefits, see Section 5(a).
- Benefits for Tier 2 specialty drugs purchased at a Preferred retail pharmacy are limited to one purchase of up to a 30-day supply for each prescription dispensed.
- All refills must be obtained through the Specialty Drug Pharmacy Program.
- Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you to arrange a delivery time and location that are most convenient for you, as well as ask you about any side effects you may be experiencing. See Section 7 for more details about the Program.

- We cover specialty drugs that are listed on the FEP Blue Focus 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.")

You Pay

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Preferred Specialty Drugs (generic and brand-name) obtained at Preferred retail pharmacies and through the Specialty Drug Pharmacy Program:

- 40% of the Plan allowance (up to the maximum of \$550) for each purchase of up to a 30-day supply (no deductible)
- If a 31 to 90-day supply of a specialty drug has to be dispensed due to manufacturer packaging, you pay 40% of the Plan allowance (up to the maximum of \$1,650) for each purchase (no deductible)

Non-preferred pharmacy: You pay all charges

See page [94](#) and on for additional pharmacy benefits for all eligible members.