

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

Benefits 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. This not required if you are covered under our FEP Medicare Prescription Drug Program.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges