

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

Benefits Description

Not covered:

- *Drugs and supplies purchased from a Non-preferred pharmacy*
- *Medical supplies such as dressings and antiseptics*
- *Drugs and supplies for cosmetic purposes*
- *Supplies for weight loss*
- *Drugs for orthodontic care, dental implants, and periodontal disease*
- *Drugs used in conjunction with non-covered assisted reproductive technology (ART) and assisted insemination procedures*
- *Drugs used in conjunction with IVF that exceed the covered 3 per year annual cycle limitation described in this section*
- *Insulin and diabetic supplies except when obtained from a Preferred retail pharmacy or except when Medicare Part B is primary or you are enrolled in the FEP Medicare Prescription Drug Program. See Section 5(a).*
- *Medications and orally taken nutritional supplements that do not require a prescription under Federal law even if your doctor prescribes them or if a prescription is required under your state law*

Note: See previous benefits in this section for our coverage of medications recommended under the Affordable Care Act and for smoking and tobacco cessation medications.

- *Medical foods administered orally are not covered if not obtained at a Preferred retail pharmacy*

Note: See Section 5(a) for our coverage of medical foods when administered by catheter or nasogastric tube.

- *Products and foods other than liquid formulas or powders mixed to become formulas; foods and formulas readily available in a retail environment and marketed for persons without medical conditions; low-protein modified foods (e.g., pastas, breads, rice, sauces and baking mixes); nutritional supplements, energy products; and similar items*

Note: See Section 5(a) for our coverage of medical foods and nutritional supplements when

administered by catheter or nasogastric tube.

- *Infant formula other than previously described in this section and in Section 5(a)*
- *Drugs not listed on the formulary or preferred drug list*
- *Brand name opioids*
- *Remicade, Renflexis, and Inflectra are not covered for prescriptions obtained from a Preferred retail pharmacy, or through the Specialty Drug Pharmacy Program*
- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *For members enrolled in our regular pharmacy drug program (Section 5(f) only), drugs prescribed in connection with Sex-Trait Modification for treatment of gender dysphoria. If you are mid-treatment under this Plan, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received coverage under the 2025 Plan brochure, you may seek an exception to continue care for that treatment. If you have questions about the exception process, contact us using the customer service number listed on the back of your ID card. If you disagree with our decision, please see Section 8 of this brochure for the disputed claims process. Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*
- *Drugs purchased through the mail or internet from pharmacies inside or outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as previously described in this section*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described in Section 5(a)*

You Pay

All charges