

2026 Summary of Benefits

Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard Medicare Prescription Drug Program

Jan. 1, 2026 – Dec. 31, 2026

The FEP Medicare Prescription Drug Program (MPDP) is a prescription drug program with a Medicare contract. Enrollment in MPDP depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please download the Evidence of Coverage at <u>fepblue.org/medicarerx</u> or call **1-888-338-7737** (TTY: 711).

To enroll in MPDP, you must be:

- A member of the Blue Cross and Blue Shield Federal Employee Program (FEP)
- Enrolled in Medicare A and/or B Primary
- Living in the U.S. or a U.S. territory

You must use pharmacies in our network to receive coverage. You can see a full list of pharmacies at **fepblue.org/medicarerx**.

To learn more about MPDP, call 1-888-338-7737 (TTY: 711). Our representatives are available from 8 a.m. to 5 p.m. Eastern time. If it's after-hours, you can leave a message and we'll get back to you within one business day. You can also visit our website at **fepblue.org/medicarerx**.

For coverage and costs of Original Medicare, look in the current "Medicare & You" handbook available at <u>medicare.gov</u> or by calling **1-800-MEDICARE** (1-800-633-4227) 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

2026 FEP Blue Standard MPDP Benefits

Premiums and Benefits	FEP Blue Standard MPDP
Monthly Plan Premium	Included as part of your overall FEP health plan premium
Deductible	No deductible for prescription drugs
Prescription Drug Annual Out-of-Pocket Maximum	\$2,100
In-network Retail Pharmacy	
Tier 1 – Generics	\$5 for up to a 30-day supply \$15 for a 31 to 90-day supply
	, ,,,
Tier 2 – Preferred brand name	\$35 for up to a 30-day supply \$105 for a 31 to 90-day supply
Tier 3 – Non-preferred brand name	50% of our allowance for up to a 90-day supply
Tier 4 – Specialty drugs	\$60 for up to a 30-day supply \$170 for a 31 to 90-day supply
FEP Mail Service Pharmacy	
Tier 1 – Generics	\$5 copay for up to a 90-day supply
Tier 2 – Preferred brand name	\$85 copay for up to a 90-day supply
Tier 3 – Non-preferred brand name	\$125 copay for up to a 90-day supply
Tier 4 – Specialty drugs	\$150 copay for up to a 90-day supply