

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5. Benefits****Section 5(f). Prescription Drug Benefits**

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**Standard Option Generic Incentive Program**

Your cost-share will be waived for the first 4 generic prescriptions filled (and/or refills ordered) per drug if you purchase a brand-name drug on the Generic Incentive Program List while a member of the Service Benefit Plan and then change to a corresponding generic drug replacement while still a member of the Plan.

- If you switch from one generic drug to another, you will be responsible for your copayment.

Note: The list of eligible generic drug replacements may change and is not considered a benefit change. For the most up-to-date information, please visit [www.fepblue.org/en/benefit-plans/coverage/pharmacy/generic-incentive-program](http://www.fepblue.org/en/benefit-plans/coverage/pharmacy/generic-incentive-program) or call:

Retail Pharmacy Program: 800-624-5060, TTY: 711

Mail Service Prescription Drug Program: 800-262-7890, TTY: 711

Specialty Drug Pharmacy Program: 888-346-3731, TTY: 711