

**2021 Pharmacy Benefit Options for
PPO Wise Max 2000 National HDHP LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$50/\$100	\$20/\$100/\$300
\$10/\$45/\$75	\$20/\$90/\$225
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$50/\$100	\$30/\$100/\$300
\$20/\$50/\$100	\$40/\$100/\$300
<ul style="list-style-type: none"> • Prescription drugs are subject to the combined medical pharmacy deductible for this plan. • For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay. • Mail Order prescriptions from Out-of-Plan providers are not covered. 	