

**2021 Pharmacy Benefit Options for
PPO Wise Saver 3450 National HDHP LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$35/\$60	\$20/\$70/\$180
\$10/\$45/\$75	\$20/\$90/\$225
\$15/\$50/\$75	\$30/\$100/\$225
\$20/\$60/\$90 *	\$40/\$120/\$270
\$25/\$60/\$100 *	\$50/\$120/\$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. 	

* This prescription drug coverage option in combination with this plan does not meet the requirements for Medicare Part D Creditable Coverage for the year 2021. With this information, members who are Medicare eligible may decide whether they want to keep their current coverage, or enroll through one of the options available to them under Medicare.