

**2021 Pharmacy Benefit Options for
HMO Choice Plus LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$50/\$100	\$20/\$100/\$300
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$50/\$100	\$30/\$100/\$300