



**2021 Pharmacy Benefit Options for
HMO Core 20% LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$25/\$50/\$100	\$50/\$100/\$300
\$25/\$50/\$150	\$50/\$100/\$450