



**2021 Pharmacy Benefit Options for
HMO Essential 1500 LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$45/\$75	\$20/\$90/\$225
\$10/\$50/\$100	\$20/\$100/\$300
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$30/\$50	\$30/\$60/\$100
\$15/\$35/\$60	\$30/\$70/\$180
\$15/\$50/\$100	\$30/\$100/\$300
\$15/\$50/\$100	\$30/\$100/\$200
\$20/\$50/\$100	\$40/\$100/\$300
\$20/\$75/\$100 *	\$40/\$150/\$300 *
* Deductible for prescription drugs: \$250 per individual / \$500 per family.	