



**2021 Pharmacy Benefit Options for
HMO Thrive 3000 LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$50/\$250	\$20/\$100/\$750
\$25/\$50/\$150	\$50/\$100/\$450
Plan Deductible applies to Formulary and Non-Formulary drugs	