

**2021 Pharmacy Benefit Options for
HMO Thrive First \$500 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
You will pay no more than this Out-of-Pocket Maximum for prescription drugs each calendar year: \$1,000 per individual / \$2,000 per family	