

**2021 Pharmacy Benefit Options for  
HMO Wise 3000/10% HDHP LG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$10/\$45/\$75	\$20/\$90/\$225
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$50/\$100	\$30/\$100/\$300
\$20/\$40/\$70	\$40/\$80/\$210
\$20/\$50/\$100	\$40/\$100/\$300
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	