



**2021 Pharmacy Benefit Options for
HMO Wise Max 3000 HDHP LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$30/\$60	\$20/\$60/\$180
\$10/\$45/\$75	\$20/\$90/\$225
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$50/\$100	\$30/\$100/\$300
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	