



**2021 Pharmacy Benefit Options for
HMO Wise Max 4000 HDHP LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$0/\$50/\$100	\$0/\$100/\$300
\$10/\$30/\$50	\$20/\$60/\$150
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	