



2021 Pharmacy Benefit Options for HMO Wise Plus HDHP LG

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$50/\$100	\$20/\$100/\$300
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$50/\$100	\$30/\$100/\$300
\$20/\$50/\$100	\$40/\$100/\$300
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	