



2021 Pharmacy Benefit Options for HMO Wise Saver 3450 HDHP LG

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$35/\$60	\$20/\$70/\$180
\$10/\$45/\$75	\$20/\$90/\$225
\$15/\$50/\$75	\$30/\$100/\$225
\$20/\$60/\$90 *	\$40/\$120/\$270
\$25/\$60/\$100 *	\$50/\$120/\$300
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	

* This prescription drug coverage option in combination with this plan does not meet the requirements for Medicare Part D Creditable Coverage for the year 2021. With this information, members who are Medicare eligible may decide whether they want to keep their current coverage, or enroll through one of the options available to them under Medicare.