

**2021 Pharmacy Benefit Options for  
PPO Core 2000 National LG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$25/\$50/\$100	\$50/\$100/\$300
\$25/\$50/\$150	\$20/\$100/\$450
<ul style="list-style-type: none"> <li>• For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay.</li> <li>• Mail Order prescriptions from Out-of-Plan providers are not covered.</li> </ul>	