

**2021 Pharmacy Benefit Options for
PPO Core 20% National LG**

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