

**2021 Pharmacy Benefit Options for  
PPO Essential 1000 National LG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$10/\$45/\$75	\$20/\$90/\$225
\$10/\$50/\$100	\$20/\$100/\$300
\$15/\$30/\$50	\$30/\$60/\$150
\$15/\$30/\$50	\$30/\$60/\$100
\$15/\$35/\$60	\$30/\$70/\$180
\$20/\$50/\$100	\$40/\$100/\$300
\$20/\$75/\$100 *	\$40/\$150/\$300 *
* Deductible for prescription drugs: \$250 per individual / \$500 per family.	
<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>	