

**2021 Pharmacy Benefit Options for
PPO Essential 1500 National LG**

| Retail Copays Generic/Formulary/Non-Formulary | Mail Order Copays 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 |
| \$15/\$50/\$100 | \$30/\$100/\$300 |
| \$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"> • 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. | |