

2021 Pharmacy Benefit Options for PPO Essential 4000 National LG

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$15/\$50/\$75	\$30/\$100/\$225
\$25/\$50/\$100	\$50/\$100/\$300
<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.	