

**2021 Pharmacy Benefit Options for
PPO Thrive 3000 National LG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$50/\$250	\$20/\$100/\$750
\$25/\$50/\$150	\$50/\$100/\$450
<ul style="list-style-type: none"> • Plan Deductible applies to Formulary and Non-Formulary drugs. • 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. 	