

**2021 Pharmacy Benefit Options for  
PPO Thrive First \$500 National LG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$10/\$50/\$250	\$20/\$100/\$750
\$25/\$50/\$150	\$50/\$100/\$450
<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>	
<p align="center">You will pay no more than this Out-of-Pocket Maximum for prescription drugs from In-Plan pharmacy providers each calendar year: \$1,000 per individual / \$2,000 per family</p>	