



**2021 Pharmacy Benefit for
HMO Gold 2000 SG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$25/\$50/\$125	\$50/\$100/\$375
Separate prescription drug deductible applies to Formulary and Non-Formulary drugs: \$250 per individual / \$500 per family per year	