

**2021 Pharmacy Benefit for  
HMO Thrive Silver 3000 SG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$20/\$50/\$250	\$40/\$100/\$750
Plan Deductible applies to Formulary and Non-Formulary drugs	