

**2021 Pharmacy Benefit for
PPO Thrive Bronze National SG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$30/\$100/\$250	\$60/\$200/\$750
<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.	