

**2021 Pharmacy Benefit for
PPO Thrive Silver 3000 National SG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$20/\$50/\$250	\$40/\$100/\$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.	