

**2021 Pharmacy Benefit Options for
PPO Wise Max 2000 National HDHP SG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$25/\$50/\$75	\$50/\$100/\$225
<ul style="list-style-type: none"> • Prescription drugs are subject to the combined medical pharmacy deductible for this plan. • 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. 	