

**2021 Pharmacy Benefit for
PPO Wise Max 3000 National HDHP SG**

Retail Copays Generic/Formulary/Non-Formulary	Mail Order Copays Generic/Formulary/Non-Formulary
\$10/\$35/\$60	\$20/\$70/\$180
<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.	