

**2021 Pharmacy Benefit for  
PPO Wise Saver 3450 National HDHP SG**

<b>Retail Copays</b> Generic/Formulary/Non-Formulary	<b>Mail Order Copays</b> Generic/Formulary/Non-Formulary
\$10/\$35/\$60	\$20/\$70/\$180
<ul style="list-style-type: none"><li>• Prescription drugs are subject to the combined medical pharmacy deductible for this plan.</li><li>• For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay.</li><li>• Mail Order prescriptions from Out-of-Plan providers are not covered.</li></ul>	