

# Health Fund Plan Details

Effective January 1, 2021

	Tier 1		Tier 2		Tier 3 In-Network Only
	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Coinsurance</b>	0%	Plan pays 70%	0%	Plan pays 70%	Plan pays 75%
<b>Deductible (single/family)</b>	None	\$500/\$1,000	\$2,000/\$4,000	\$4,000/\$8,000	\$2,200/\$4,400
<b>Out of Pocket Maximum (single/family)</b>	None	\$7,000/\$14,000	\$4,550/\$9,100	\$8,000/\$16,000	\$4,550/\$9,100
<b>Preventive visit</b>	\$35 copay	Plan pays 70%	Fully covered	Deductible and coinsurance	Fully covered
<b>Office visit</b>	\$35 copay	Plan pays 70%	\$25 copay (No deductible)	Deductible and coinsurance	Deductible and coinsurance
<b>Specialist</b>	\$35 copay, \$20 for chiro/acupuncture	Plan pays 70%	\$50 copay (No deductible)	Deductible and coinsurance	Deductible and coinsurance
<b>Emergency Room visit</b>	\$70 copay	\$70 copay	\$100 copay (No deductible)	\$100 copay (No deductible)	Deductible and coinsurance



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New York, NY 10036-2582

## Prescription Drug Benefits (Showing In-Network Details Only)

	Tier 1		Tier 2 and Tier 3 In-Network Only	
	Retail Pharmacy	Mail or Retail 90	Retail Pharmacy	Mail or Retail 90
<b>Non-Specialty and Specialty Generic</b>	20% coinsurance, \$10 minimum	20% coinsurance, \$20 minimum	20% coinsurance, \$10 minimum	20% coinsurance, \$20 minimum
<b>Non-Specialty Preferred Brand</b>	25% coinsurance, \$20 minimum	25% coinsurance, \$40 minimum	25% coinsurance, \$40 minimum	25% coinsurance, \$80 minimum
<b>Non-Specialty Non-Preferred Brand</b>	30% coinsurance, \$25 minimum	30% coinsurance, \$50 minimum	30% coinsurance, \$60 minimum	30% coinsurance, \$120 minimum
<b>Specialty Brand</b>	25% coinsurance, No maximum	25% coinsurance, No maximum	25% coinsurance, No maximum	25% coinsurance, No maximum

The annual out of pocket maximum for covered prescription drugs is \$4,000 per individual, \$8,000 per family.



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