

# Health Fund Plan Details

Effective January 1, 2021

	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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