

# Health Fund Plan Details

Effective January 1, 2024

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



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165 West 46<sup>th</sup> Street  
Suite 812  
New York, NY 10036-2582

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

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