

Health Fund Plan Details

Effective January 1, 2024

	Tier 1 In-Network Coverage		Tier 2 In-Network Coverage	
	Retail Pharmacy	Mail or Retail 90	Retail Pharmacy	Mail or Retail 90
Non-Specialty and Specialty Generic	20% coinsurance, \$10 minimum	20% coinsurance, \$20 minimum	20% coinsurance, \$10 minimum	20% coinsurance, \$20 minimum
Non-Specialty Preferred Brand	25% coinsurance, \$20 minimum	25% coinsurance, \$40 minimum	25% coinsurance, \$40 minimum	25% coinsurance, \$80 minimum
Non-Specialty Non-Preferred Brand	30% coinsurance, \$25 minimum	30% coinsurance, \$50 minimum	30% coinsurance, \$60 minimum	30% coinsurance, \$120 minimum
Specialty Brand	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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