

Health Fund Plan Details

Effective January 1, 2025

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



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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
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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