

Concordia Health Plan 2024

Lutheran Home at Concord Reserve (LHCR 3000) BCBS

At-a-Glance

(Reflects Member's Responsibility)

Medical Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$3,000	\$6,000
Family Deductible Maximum	\$6,000	\$12,000
Individual Out-of-Pocket Maximum	\$4,500	\$9,000
Family Out-of-Pocket Maximum	\$9,000	\$18,000
Coinsurance	20%	50%
Preventive Care	No charge	50% coinsurance after deductible
Office Visit: Primary	\$30 copay/visit	50% coinsurance after deductible
Office Visit: Specialist	\$40 copay/visit	50% coinsurance after deductible
Well Child Care (under age 6)	\$0	50% coinsurance after deductible
Laboratory	20% after deductible	50% coinsurance after deductible
Diagnostic Radiology	20% after deductible	50% coinsurance after deductible
Advanced Imaging	20% after deductible	50% coinsurance after deductible
Inpatient and Outpatient Hospitalization	20% after deductible	50% coinsurance after deductible
Emergency Room Visit	\$200 copay/visit then 20% coinsurance - no deductible applied (copay waived if admitted)	\$200 copay/visit then 20% coinsurance - no deductible applied (copay waived if admitted)
Urgent Care	\$100 copay	50% coinsurance after deductible

Prescription Drug Benefits Administered by Express Scripts	Retail Pharmacy Short-Term Medication (30 days supply)	Mail Order Pharmacy Long-Term Medication (90 days supply)
Generic	\$20	\$40
Brand-name Formulary*	\$75	\$150
	For insulin drugs only: 30 days supply: \$25 copay / 60 days supply: \$50 copay / 90 days supply: \$75 copay	
Brand-name Non-Formulary*	\$100	\$200
Specialty Drugs	\$150	\$150

Other CHP Benefits and Discounts	
Hearing	TruHearing
Employee Assistance Program	Cigna Behavioral Health

*When a patient or physician requests a brand drug but an equivalent generic is available, the patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug. The cost difference will not be applied to the deductible or out-of-pocket maximum.

The dollar amount of any coupon, rebate or manufacturer's assistance will not count towards your coinsurance, copayment, deductible or out-of-pocket.

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan option referenced above. While every effort has been made to provide accurate information, please refer to the CHP official plan document.