

Concordia Health Plan Option CSS (9/1/2024 - 8/31/2025) At-a-Glance

(Reflects Member's Responsibility)

Medical Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Plan Year Deductible*	\$500 per person; \$1,000 per family	\$1,000 per person; \$2,000 per family
Coinsurance	20%	40%
Plan Year Coinsurance Maximum	\$3,000 per person; \$6,000 per family	\$7,000 per person; \$14,000 per family
Out-of-Pocket Maximum	\$3,500 per person; \$7,000 per family + applicable copays	\$8,000 per person; \$16,000 per family + applicable copays
Preventive Care	No charge	Not covered
Office Visit Copay (Primary Care or Specialist)	\$25	\$50
Inpatient Hospital Coinsurance	20% after deductible	40% after deductible
Outpatient Hospital Coinsurance	20% after deductible	40% after deductible
Urgent Care Copay	\$25	\$50
Emergency Room Copay	\$100 (no copay if admitted into hospital within 24 hours)	
Prescription Drug Benefits Administered by Express Scripts	Retail Pharmacy Short-term Drugs (up to 30-day supply)	Home Delivery for Maintenance Drugs or Smart90 - Mail Order & Retail Pharmacy (90-day supply)
Generic Drugs	\$10	\$20
Formulary Brand Drugs**	\$25	\$50
Non-formulary Brand Drugs**	\$50	\$100
Calendar Year Dental Benefits Administered by Cigna	Network Cost	Non-Network Cost
Plan Year Maximum Benefit	\$1,500	
Plan Year Deductible	\$50 per person	
Diagnostic & Preventive Care	No charge (not subject to plan maximum benefit)	10% (no deductible, not subject to plan maximum benefit)
Basic Restorative Services	20% after deductible	30% after deductible
Major Restorative Services	50% after deductible	
Orthodontia for Dependent Children	50% up to a lifetime maximum of \$1,250	
Mental Health/Substance Abuse Administered by AmeriBen	Includes inpatient and outpatient care for mental health/substance abuse issues. Covered at 100% for Network and Non-Network except for a \$25 copay for Network individual or group therapy (\$50 if Non-Network).	
Other CHP Benefits and Discounts		
Health & Wellness Resources	Vitality, Omada, Healthcare Bluebook, Livongo, Virta, Teladoc, Sword, WonDr, Employee Assistance Program	
Calendar Year Vision	VSP	
Hearing	TruHearing	
Employee Assistance Program	Cigna	

For more details about your coverage, visit [ConcordiaPlans.org](https://www.concordiaplans.org).

* Copays don't apply to the deductible.

**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.

Some specialty medications may qualify for \$0 copay through the SaveOn SP program. SaveOn SP will contact you if you qualify. The dollar amount of any coupon, rebate or manufacturer's assistance will not count towards your coinsurance, copayment, deductible or out-of-pocket cost-sharing responsibilities or limits.