Concordia Health Plan 2024
Option D (BCBS)
At-a-Glance

(Reflects Member's Responsibility)

Medical Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Individual Deductible Maximum	$1,200	$2,400
Family Deductible Maximum	$2,400	$4,800
Individual Out-of-Pocket Maximum	$4,200 plus applicable copays	$11,400 plus applicable copays
Family Out-of-Pocket Maximum	$8,400 plus applicable copays	$22,800 plus applicable copays
Coinsurance	20%	40%
Individual Coinsurance Maximum	$3,000	$9,000
Family Coinsurance Maximum	$6,000	$18,000
Preventive Care	No charge	Not covered
Office Visit: Primary	$35 copay/visit	$70 copay/visit
Office Visit: Specialist	$35 copay/visit	$70 copay/visit
Well Child Care (under age 6)	No charge	Not covered
Laboratory	20% coinsurance after deductible	40% coinsurance after deductible
Diagnostic Radiology	20% coinsurance after deductible	40% coinsurance after deductible
Advanced Imaging	20% coinsurance after deductible	40% coinsurance after deductible
Inpatient and Outpatient Hospitalization	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	$120 copay/visit (waived if admitted)	
Urgent Care	$35 copay/visit	$70 copay/visit

Prescription Drug Benefits Administered by Express Scripts	Retail/Short-Term Medication	Mail Order/Long Term Medication
Preventive	See copay structure below	
Generic	$15 copay	$25 copay
Brand-name Formulary*	$30 copay	$60 copay
Brand-name Non-Formulary*	$60 copay	$120 copay

Mental Health/Substance Abuse Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Individual Deductible Maximum	$0	$0
Family Deductible Maximum	$0	$0
Coinsurance	0%	0%
Outpatient Individual & Group Therapy	$35 copay/visit	$70 copay/visit
Emergency Room Visit	$120 copay/visit (waived if admitted)	
Inpatient Care	No charge	No charge
Other Covered Expenses	No charge	No charge

Other CHP Benefits and Discounts	
Dental	Cigna Dental
Vision	VSP
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 out-of-pocket maximum.*

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 and the appropriate CHP Schedule for more detailed information.

CONCORDIA PLANS