

Concordia Health Plan 2024

Option HDHP (BCBS)

At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$3,200	\$9,600
Family Deductible Maximum*	\$6,400	\$19,200
Individual Out-of-Pocket Maximum*	\$3,200	\$19,200
Family Out-of-Pocket Maximum*	\$6,400	\$38,400
Coinsurance	0%	20%
Preventive Care	No charge	20% coinsurance after deductible
Office Visit: Primary	No charge after deductible	20% coinsurance after deductible
Office Visit: Specialist	No charge after deductible	20% coinsurance after deductible
Well Child Care (under age 6)	No charge	20% coinsurance after deductible
Laboratory	No charge after deductible	20% coinsurance after deductible
Diagnostic Radiology	No charge after deductible	20% coinsurance after deductible
Advanced Imaging	No charge after deductible	20% coinsurance after deductible
Inpatient and Outpatient Hospitalization	No charge after deductible	20% coinsurance after deductible
Emergency Room Visit	No charge after deductible	
Urgent Care	No charge after deductible	20% coinsurance after deductible

Prescription Drug Benefits Administered by Express Scripts	Retail/Short-Term Medication	Mail Order/Long Term Medication
Preventive	No charge after deductible	
Generic Drugs	No charge after deductible	No charge after deductible
Brand-name Formulary**	No charge after deductible	No charge after deductible
Brand-name Non-Formulary**	No charge after deductible	No charge after deductible

Other CHP Benefits and Discounts	
Dental Care	Cigna Dental
Vision Care	VSP
Hearing Care	TruHearing
Employee Assistance Program	Cigna Behavioral Health

* Once the network deductible is satisfied the network out-of-pocket maximum is also satisfied. There is no coinsurance for this Option for network services.

** 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/out-of-pocket maximum.

The 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 and the appropriate CHP Schedule for more detailed information.