

Concordia Health Plan 2024 Healthy Me Copay B (Cigna) At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by Allegiance	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$350	\$700
Family Deductible Maximum*	\$700	\$1,400
Individual Out-of-Pocket Maximum*†	\$2,100	\$4,200
Family Out-of-Pocket Maximum*†	\$4,200	\$8,400
Coinsurance	20%	40%
Preventive Care	No charge	Not covered
Office Visit: Primary	\$35 copay/visit	\$70 copay/visit
Office Visit: Specialist	\$60 copay/visit	\$120 copay/visit
Well Child Care	No charge	Not covered except no charge for immunizations from birth through age 4
Laboratory	Outpatient Lab: 20% coinsurance after deductible Preferred Independent Lab: 10% coinsurance (no 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 Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	\$200 copay/visit then deductible applied (copay waived if admitted)	
Urgent Care	\$60 copay/visit	
Prescription Drug Benefits Administered by Express Scripts	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	See copay structure below	
Generic	\$10 copay	\$25 copay
Brand-name Formulary**	30% coinsurance (minimum \$25 / maximum \$75)	30% coinsurance (minimum \$62.50 / maximum \$187.50)
	For insulin drugs only: 30 days supply: \$25 copay / 60 days supply: \$50 copay / 90 days supply: \$75 copay	
Brand-name Non-Formulary**	40% coinsurance (minimum \$50 / maximum \$100)	40% coinsurance (minimum \$125 / maximum \$250)
Other CHP Benefits and Discounts		
Hearing	TruHearing	
Employee Assistance Program	Cigna Behavioral Health	

* The amount paid for in-network covered expenses counts towards in-network deductible and in-network out-of-pocket maximums. However, the amount paid for out-of-network covered expenses counts towards both in-network and out-of-network deductibles and out-of-pocket maximums. Copays don't apply to 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.

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

† Includes deductibles, copays and coinsurance costs for medical, mental health/substance abuse and prescription drug services.

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.