

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

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by Allegiance	Network Cost	Non-Network Cost
Self Only Deductible Maximum*	\$2,000	\$6,000
Family Deductible Maximum*	\$4,000	\$12,000
Self Only Out-of-Pocket	\$4,000	\$12,000
Family Out-of-Pocket Maximum*†	\$8,000	\$24,000
Coinsurance	20%	40%
Preventive Care	No charge	Not covered
Office Visit: Primary	20% coinsurance after deductible	40% coinsurance after deductible
Office Visit: Specialist	20% coinsurance after deductible	40% coinsurance after deductible
Well Child Care	No charge	Not covered except no charge for immunizations from birth through age 4
Laboratory	Physician's Office or Outpatient Lab: 20% coinsurance after deductible Preferred Independent Lab: 10% 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 Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Services	20% coinsurance after deductible	
Urgent Care	20% coinsurance after deductible	

Prescription Drug Benefits Administered by Express Scripts	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	No cost for generic preventive drugs; no deductible applied. Otherwise, see copay structure below. (Note: deductible does not apply to brand-name diabetic drugs)	
Generic	\$10 copay after deductible	\$25 copay after deductible
Brand-name Formulary**	30% coinsurance after deductible (minimum \$25 / maximum \$75)	30% coinsurance after deductible (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 after deductible (minimum \$50 / maximum \$100)	40% coinsurance after deductible (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.

If coverage other than Self Only is elected, the family deductible must be satisfied before coinsurance applies. This is called a non-embedded deductible. The out-of-pocket maximum is also non-embedded.

** 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.