

Concordia Health Plan 2024 Healthy Me Copay A (UMR) At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by UMR	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$0	\$0
Family Deductible Maximum	\$0	\$0
Individual Out-of-Pocket Maximum*	\$8,550	\$17,100
Family Out-of-Pocket Maximum*	\$17,100	\$34,200
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
Laboratory	\$60 copay	\$120 copay
Diagnostic Radiology	\$150 copay	\$300 copay
Advanced Imaging	\$600 copay	\$1,200 copay
Inpatient Hospitalization	\$1,500/day for first 3 days, then covered in full	\$3,000/day for first 3 days, then covered in full
Outpatient Surgery	\$700 copay	\$1,400 copay
Emergency Room Visit	\$500 copay/visit (copay waived if admitted)	
Urgent Care	\$100 copay/visit	

Prescription Drug Benefits Administered by EmpiRx	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	See benefit structure below	
Generic	\$10 copay	\$25 copay
Brand-name Formulary**	30% coinsurance (minimum \$25 / maximum \$75)	30% coinsurance (minimum \$62.50 / maximum \$187.50)
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

* Includes deductibles, copays and coinsurance costs for medical, mental health/substance abuse and prescription drug services. The amount paid for in-network covered expenses counts towards in-network out-of-pocket maximums. However, the amount paid for out-of-network covered expenses counts towards both in-network 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.

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.