

Concordia Health Plan 2024

Option HDHP Nexus (UMR) At-a-Glance

Medical and Mental Health Benefits Administered by UMR	Tier 1 Nexus Network	Tier 2 Choice Plus Network	Non-Network Cost
Individual Deductible Maximum*	\$3,200	\$4,200	\$9,600
Family Deductible Maximum*	\$6,400	\$8,400	\$19,200
Individual Out-of-Pocket Maximum*†	\$3,200	\$8,050	\$19,200
Family Out-of-Pocket Maximum*†	\$6,400	\$16,100	\$38,400
Coinsurance	N/A	20%	40%
Preventive Care	No charge - deductible waived	No charge - deductible waived	40% after deductible
Office Visit: Primary	No charge after deductible	20% after deductible	40% after deductible
Office Visit: Specialist	No charge after deductible	20% after deductible	40% after deductible
Well Child Care	No charge - deductible waived	No charge - deductible waived	40% after deductible
Laboratory	No charge after deductible	20% after deductible	40% after deductible
Diagnostic Radiology	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	40% after deductible
Advanced Imaging	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service.	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service.	40% after deductible
Inpatient and Outpatient	No charge after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	No charge after deductible	No charge after Tier 1 deductible	No charge after Tier 1 deductible
Urgent Care	No charge after deductible	No charge after Tier 1 deductible	40% after deductible
Prescription Drug Benefits Administered by EmpiRx	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication	
Preventive, Generic, Brand-name Formulary** and Brand-name Non-Formulary**	No Charge after Tier 1 Deductible	No Charge after Tier 1 Deductible	
Other CHP Benefits and Discounts			
Hearing	TruHearing		
Employee Assistance	Cigna		

* 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.

**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.