

# Concordia Health Plan 2025 Healthy Me HSA B (BCBS) At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by AmeriBen	Network Cost	Non-Network Cost
Self Only Deductible Maximum	\$2,500	\$7,500
Family Deductible Maximum	\$5,000	\$15,000
Self Only Out-of-Pocket Maximum*	\$5,000	\$15,000
Family Out-of-Pocket Maximum*	\$8,300	\$24,900
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 (under age 6)	No charge	Not covered
Laboratory	20% 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 Hospitalization	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	20% coinsurance after deductible	
Urgent Care	20% coinsurance after deductible	

Prescription Drug Benefits Administered by Express Scripts	Retail/Short-Term Medication (30-Day Supply)	Mail Order/Long Term Medication (90-Day Supply)
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 (deductible does not apply): 30-day supply: \$25 copay / 60-day supply: \$50 copay / 90-day 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	Evernorth Confide

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

**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.

**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.