

# Concordia Health Plan 2025

## Option Select HMO-C 2000 in California

### At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits/ Substance Abuse* Administered by Cigna	Network Cost*
Individual Deductible Maximum	\$2,000
Family Deductible Maximum	\$4,000
Individual Out-of-Pocket Maximum	\$4,000
Family Out-of-Pocket Maximum	\$8,000
Coinsurance	0%
Preventive Care	No charge
Office Visit: Primary	\$30 copay/visit
Office Visit: Specialist	\$40 copay/visit
Well Child Care	No charge
Laboratory	No charge
Diagnostic Radiology	No charge
Advanced Imaging	No charge
Inpatient and Outpatient Hospitalization	No charge after deductible
Emergency Room Visit*	\$150 copay/visit (waived if admitted)
Urgent Care*	\$100 copay/visit

Prescription Drug Benefits* Administered by Cigna	Retail/Short-Term Medication (30-Day Supply)	Mail Order/Long Term Medication (90-Day Supply)
Cigna 90 Now Program Applies**	Please see important footnote below**	
Preventive	See copay structure below	
Generic	\$15 copay	\$35 copay
Brand-name Formulary***	\$35 copay	\$70 copay
	For insulin drugs only: 30-day supply: \$25 copay / 60-day supply: \$50 copay / 90-day supply: \$75 copay	
Brand-name Non-Formulary***	\$55 copay	\$110 copay
Specialty***	Home Delivery per 30-day supply: Generic: \$11 copay; Preferred \$23 copay; Non-Preferred: \$36 copay	

Other CHP Benefits and Discounts	
Hearing	TruHearing
Employee Assistance Program	Evernorth Confide

\* Medical care, prescription drugs and mental health and substance abuse care received from a non-network provider are the member's responsibility. The only exceptions are Emergency Room and Urgent Care visits.

\*\*Cigna 90 Now Program: All maintenance medications must be filled in a 90-days supply at one of the 90 days retail pharmacies in your plan's network, or Cigna Home Delivery Pharmacy. After two 30 days fills of the same prescription at a retail pharmacy, your cost will be 100% of the cost of the prescription if you haven't switched to a 90-days supply. This means you'll have to pay the full cost out of your own pocket, and the payment won't count towards your plan's deductible or out-of-pocket maximum.

\*\*\*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.

**Note:** A primary care physician must be chosen when enrolling, otherwise one will be selected for you. You may change your PCP at any time, but the effective date of this change will be the first day of the following month.

**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.

