

Concordia Health Plan 2025 Healthy Me Copay F (Cigna) At-a-Glance

(Reflects Member's Responsibility)

| Medical and Mental Health Benefits Administered by Allegiance | Network Cost | Non-Network Cost |
|---|---|----------------------------------|
| Individual Deductible Maximum* | \$4,500 | \$13,500 |
| Family Deductible Maximum* | \$9,000 | \$27,000 |
| Individual Out-of-Pocket Maximum** | \$9,000 | \$27,000 |
| Family Out-of-Pocket Maximum** | \$18,000 | \$54,000 |
| Coinsurance | 20% | 40% |
| Preventive Care | No charge | Not covered |
| Office Visit: Primary | \$35 copay/visit | \$70 copay/visit |
| Office Visit: Specialist | \$75 copay/visit | \$150 copay/visit |
| Well Child Care | No charge | Not covered |
| Laboratory | 20% coinsurance after deductible Preferred Independent Lab: 10% coinsurance (no 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 Visit | \$500 copay/visit then deductible applied and then coinsurance (copay waived if admitted) | |
| Urgent Care | \$100 copay/visit | |

| Prescription Drug Benefits Administered by Express Scripts | Retail/Short-Term Medication (30-Day Supply) | Mail Order/Long Term Medication (90-Day Supply) |
|--|--|---|
| Preventive | See copay structure below | |
| Generic | \$10 copay | \$25 copay |
| Brand-name Formulary*** | \$50 copay | \$125 copay |
| | For insulin drugs only: 30-day supply: \$25 copay / 60-day supply: \$50 copay / 90-day supply: \$75 copay | |
| Brand-name Non-Formulary*** | 30% coinsurance (maximum \$250) | 30% coinsurance (maximum \$625) |

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

* Copays don't apply to the deductible.

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

*** 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.