

# Concordia Health Plan 2025

## Whole Health 1000

### At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits Administered by Kaiser Permanente	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$1,000	Not covered
Family Deductible Maximum	\$2,000	Not covered
Individual Out-of-Pocket Maximum	\$3,000	Not covered
Family Out-of-Pocket Maximum	\$6,000	Not covered
Coinsurance	20%	Not covered
Family Coinsurance Maximum	N/A	N/A
Preventive Care	No charge	Not covered
Office Visit: Primary	\$20 copay/visit	Not covered
Office Visit: Specialist	\$20 copay/visit	Not covered
Well Child Care (under age 6)	No charge	Not covered
Laboratory	\$10 copay/visit	Not covered
Diagnostic Radiology	\$10 copay/visit	Not covered
Advanced Imaging	\$50 copay/visit	Not covered
Inpatient and Outpatient Hospitalization	20% coinsurance after deductible	Not covered
Outpatient Individual & Group Therapy	Individual: \$20 copay/visit Group: \$10 copay/visit	Not covered
Emergency Room Visit	20% coinsurance after deductible For an ER visit out of network, once your condition is stable, call Kaiser Permanente to let them know you received emergency care or were admitted to a hospital.	
Urgent Care	\$20 copay/visit	

Prescription Drug Benefits Administered by Kaiser Permanente	Retail Pharmacy	Mail Order Pharmacy
Preventive	See copay structure below	
Generic	KP Pharmacy: \$10 up to 30-day supply \$20 up to 60-day supply \$30 up to 90-day supply (100 in CA) Community Network Pharmacy: \$20 up to 30-day supply	\$10 up to 30-day supply \$20 up to 90-day supply (100 in CA)
Brand-name Formulary	KP Pharmacy: \$20 up to 30-day supply \$40 up to 60-day supply \$60 up to 90-day supply (100 in CA) Community Network Pharmacy: \$30 up to 30-day supply	\$20 up to 30-day supply \$40 up to 90-day supply (100 in CA)
Brand-name Non-Formulary	N/A	N/A

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

**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.