

**Concordia Health Plan 2019
Option HDHP (UMR) At-A-Glance
(Reflects Member's Responsibility)**

Medical Benefits – Administered by UMR		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$2,850	\$8,550
Family Deductible Maximum*	\$5,700	\$17,100
Individual Out-of-Pocket Maximum*	\$2,850	\$14,050
Family Out-of-Pocket Maximum*	\$5,700	\$33,600
Coinsurance	0%	20%
Individual Coinsurance Maximum	\$0	\$5,500
Family Coinsurance Maximum	\$0	\$16,500
Preventive Care	No charge	20% coinsurance after deductible
Office Visit: Primary	No charge after deductible	20% coinsurance after deductible
Office Visit: Specialist	No charge after deductible	20% coinsurance after deductible
Well Child Care (under age 6)	No charge	20% coinsurance after deductible
Laboratory	No charge after deductible	20% coinsurance after deductible
Diagnostic Radiology	No charge after deductible	20% coinsurance after deductible
Advanced Imaging	No charge after deductible	20% coinsurance after deductible
Inpatient and Outpatient Hospitalization	No charge after deductible	20% coinsurance after deductible
Emergency Room Visit	No charge after deductible	
Urgent Care	No charge after deductible	20% coinsurance

Prescription Drug Benefits – Administered by EmpiRx		
	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	No charge after deductible	
Generic	No charge after deductible	No charge after deductible
Brand-name Formulary	No charge after deductible	No charge after deductible
Brand-name Non-Formulary	No charge after deductible	No charge after deductible

Mental Health/Substance Abuse Benefits – Administered by UMR		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$2,850	\$8,550
Family Deductible Maximum*	\$5,700	\$17,100
Coinsurance	0%	20%
Outpatient Individual & Group Therapy	No charge after deductible	20% coinsurance after deductible
Emergency Room Visit	No charge after deductible	
Inpatient Care	No charge after deductible	20% coinsurance after deductible
Other Covered Expenses	No charge	20% coinsurance after deductible

Dental Benefits – Administered by Cigna Dental	
Preventive Care	\$0 (no deductible)
Deductible	Individual: \$100 Family: \$300
Basic Dental Care	20% after deductible
Calendar Year Maximum Benefit	\$1,500 maximum paid by the Plan for Basic Dental Care
Orthodontic Care	50% (\$1,500 lifetime maximum paid by the Plan)

Other CHP Benefits and Discounts	
Vision Care	VSP
Hearing Care	HearUSA, VSP, EPIC Hearing Care and Cigna Healthy Rewards
Employee Assistance Program	Cigna Behavioral Health

* Once the network deductible is satisfied, the network out-of-pocket maximum is also satisfied. There is no coinsurance for this Option for network services.

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan (CHP) 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. Those documents and additional plan information can be found online at ConcordiaPlans.org.