

**Concordia Health Plan 2018  
UHC 1200 At-A-Glance  
(Reflects Member's Responsibility)**

<b>Medical Benefits – Administered by UMR</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$1,200	\$2,400
Family Deductible Maximum*	\$2,400	\$4,800
Individual Out-of-Pocket Maximum**†	\$5,850	\$11,700
Family Out-of-Pocket Maximum**†	\$11,700	\$23,400
Coinsurance	20%	40%
Individual Coinsurance Maximum	N/A	N/A
Family Coinsurance Maximum	N/A	N/A
Preventive Care	No charge	Not covered
Office Visit: Primary	\$35 copay	40% coinsurance after deductible
Office Visit: Specialist	\$50 copay	40% coinsurance after deductible
Well Child Care (under age 6)	No charge	Not covered except no charge for immunizations from birth through age 4
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	Life Threatening ER Visit: \$200 copay per visit Non-Life Threatening ER Visit: \$500 copay per visit (Either waived if admitted. Plan pays 100% coinsurance after deductible)	
Urgent Care	\$50 copay per visit; then Plan pays 100% after deductible	\$50 copay per visit; then Plan pays 100% after deductible

<b>Prescription Drug Benefits – Administered by Express Scripts</b>		
	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	See copay structure below	
Generic	\$10 copay	\$25 copay
Brand-name Formulary	\$30 copay	\$75 copay
Brand-name Non-Formulary	\$60 copay	\$150 copay

<b>Mental Health/Substance Abuse Benefits – Administered by UMR</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$1,200	\$2,400
Family Deductible Maximum*	\$2,400	\$4,800
Coinsurance	20%	40%
Outpatient Individual & Group Therapy	Individual: \$35 copay per visit Group: 20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	Life Threatening ER Visit: \$200 copay per visit Non-Life Threatening ER Visit: \$500 copay per visit (Either waived if admitted. Plan pays 100% coinsurance after deductible)	
Inpatient Care	20% coinsurance after deductible	40% coinsurance after deductible
Other Covered Expenses	20% coinsurance after deductible	40% coinsurance after deductible

<b>Dental Benefits – Administered by Cigna Dental</b>	
Preventive Care	\$0 (no deductible)
Deductible	\$100 Individual, \$300 Family Maximum
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)

<b>Other CHP Benefits and Discounts</b>	
Vision Care	VSP
Hearing Care	HearUSA, VSP and Cigna Healthy Rewards
Employee Assistance Program	Cigna Behavioral Health

\* The amount paid for in-network covered expenses counts towards in-network deductible and in-network out-of-pocket maximums. However, the amount paid for out-of-network covered expenses counts towards both in-network and out-of-network deductibles and out-of-pocket maximums.

† Includes deductibles, copays and coinsurance costs for medical and mental health/substance abuse, and prescription drug 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](http://ConcordiaPlans.org).