

Concordia Health Plan 2018
UHC 3000 At-A-Glance
(Reflects Member's Responsibility)

Medical Benefits – Administered by UMR		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$3,000	\$6,000
Family Deductible Maximum*	\$6,000	\$12,000
Individual Out-of-Pocket Maximum**†	\$5,500	\$11,000
Family Out-of-Pocket Maximum**†	\$11,000	\$22,000
Coinsurance	15%	35%
Individual Coinsurance Maximum	N/A	N/A
Family Coinsurance Maximum	N/A	N/A
Preventive Care	No charge	Not covered
Office Visit: Primary	15% coinsurance after deductible	35% coinsurance after deductible
Office Visit: Specialist	15% coinsurance after deductible	35% coinsurance after deductible
Well Child Care (under age 6)	No charge	Not covered except no charge for immunizations from birth through age 4
Laboratory	Physician's Office or Outside Lab: 15% coinsurance after deductible	Physician's Office or Outside Lab: 35% coinsurance after deductible
Diagnostic Radiology	15% coinsurance after deductible	35% coinsurance after deductible
Advanced Imaging	15% coinsurance after deductible	35% coinsurance after deductible
Inpatient and Outpatient Hospitalization	15% coinsurance after deductible	35% coinsurance after deductible
Emergency Room Visit	Life Threatening ER Visit: 15% coinsurance after deductible Non-Life Threatening ER Visit: 40% coinsurance after deductible	
Urgent Care	15% coinsurance after deductible	35% coinsurance after deductible

Prescription Drug Benefits – Administered by Express Scripts		
	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	\$0 (no deductible)	
Generic	20% coinsurance after deductible (member pays maximum \$75)	20% coinsurance after deductible (member pays maximum \$150)
Brand-name Formulary	20% coinsurance after deductible (member pays maximum \$75)	20% coinsurance after deductible (member pays maximum \$150)
Brand-name Non-Formulary	20% coinsurance after deductible (member pays maximum \$75)	20% coinsurance after deductible (member pays maximum \$150)

Mental Health/Substance Abuse Benefits – Administered by UMR		
	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$3,000	\$6,000
Family Deductible Maximum*	\$6,000	\$12,000
Coinsurance	15%	35%
Outpatient Individual & Group Therapy	15% coinsurance after deductible	35% coinsurance after deductible
Emergency Room Visit	Life Threatening ER Visit: 15% coinsurance after deductible Non-Life Threatening ER Visit: 40% coinsurance after deductible	
Inpatient Care	15% coinsurance after deductible	35% coinsurance after deductible
Other Covered Expenses	15% coinsurance after deductible	35% coinsurance after deductible

Dental Benefits – Administered by Cigna Dental	
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)

Other CHP Benefits and Discounts	
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.