

Concordia Health Plan 2019
Healthy Me A (Cigna) At-A-Glance
(Reflects Member's Responsibility)

Medical and Mental Health Benefits – Administered by Cigna		
	Network Cost	Non-Network Cost [▲]
Individual Deductible Maximum [*]	\$1,200	\$3,600
Family Deductible Maximum [*]	\$2,400	\$7,200
Individual Out-of-Pocket Maximum [†]	\$3,500	\$8,100
Family Out-of-Pocket Maximum [†]	\$7,000	\$16,200
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/visit	40% coinsurance after deductible
Office Visit: Specialist	\$60 copay/visit	40% coinsurance after deductible
Well Child Care	No charge	Not covered except no charge for immunizations from birth through age 4
Laboratory	Physician's Office or Outside Lab: 20% coinsurance after deductible Preferred Independent Lab: 10% coinsurance (no deductible)	40% coinsurance after deductible
Diagnostic Radiology	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	40% coinsurance after deductible
Advanced Imaging	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	40% coinsurance after deductible
Inpatient and Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	Life Threatening ER Visit: \$200 copay/visit then deductible applied Non-Life Threatening ER Visit: \$450 copay/visit then deductible applied (copay waived if admitted)	
Urgent Care	\$60 copay/visit	\$60 copay/visit

Prescription Drug Benefits – Administered by Cigna		
	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% coinsurance (member pays minimum \$25 / maximum \$75)	30% coinsurance (member pays minimum \$62.50 / maximum \$187.50)
Brand-name Non-Formulary	40% coinsurance (member pays minimum \$50 / maximum \$100)	40% coinsurance (member pays minimum \$125 / maximum \$250)

Other CHP Benefits and Discounts	
Hearing Care	HearUSA 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.

[▲] There are no out-of-network benefits for the LocalPlus network in California.

[†] 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.