

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

Medical and Mental Health Benefits – Administered by Cigna		
	Network Cost	Non-Network Cost [▲]
Individual Deductible Maximum*	Self Only: \$1,400	Self Only: \$4,200
Family Deductible Maximum*	\$2,800	\$8,400
Individual Out-of-Pocket Maximum [†]	\$2,800	\$8,400
Family Out-of-Pocket Maximum [†]	\$5,600	\$16,800
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	20% coinsurance after deductible	40% coinsurance after deductible
Office Visit: Specialist	20% coinsurance after deductible	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 after 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 after deductible	40% coinsurance after deductible
Advanced Imaging	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service after deductible	40% coinsurance after deductible
Inpatient and Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	Life Threatening ER Visit: 20% coinsurance after deductible Non-Life Threatening ER Visit: 40% coinsurance after deductible	
Urgent Care	20% coinsurance after deductible	20% coinsurance after deductible

Prescription Drug Benefits – Administered by Cigna		
	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	\$0 for generic preventive drugs otherwise see copay structure below	
Generic	\$10 copay after deductible	\$25 copay after deductible
Brand-name Formulary	30% coinsurance after deductible (member pays minimum \$25 / maximum \$75)	30% coinsurance after deductible (member pays minimum \$62.50 / maximum \$187.50)
Brand-name Non-Formulary	40% coinsurance after deductible (member pays minimum \$50 / maximum \$100)	40% coinsurance after deductible (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.

If coverage other than Self Only is elected, the family deductible must be satisfied before coinsurance applies (medical, mental health/substance abuse, and prescription drugs), except for preventive medical and generic preventive prescription drug expenses. This is called a non-embedded deductible. The out-of-pocket maximum is also non-embedded.

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.