

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

<b>Medical Benefits – Administered by BCBS - MN</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$350	\$700
Family Deductible Maximum	\$700	\$1,400
Individual Out-of-Pocket Maximum	\$2,100 plus applicable copays	\$5,350 plus applicable copays
Family Out-of-Pocket Maximum	\$4,200 plus applicable copays	\$10,700 plus applicable copays
Coinsurance	15%	40%
Individual Coinsurance Maximum	\$1,750	\$4,650
Family Coinsurance Maximum	\$3,500	\$9,300
Preventive Care	No charge	Not covered
Office Visit: Primary	\$25 copay/visit	\$50 copay/visit
Office Visit: Specialist	\$25 copay/visit	\$50 copay/visit
Well Child Care (under age 6)	No charge	Not covered
Laboratory	15% coinsurance after deductible	40% coinsurance after deductible
Diagnostic Radiology	15% coinsurance after deductible	40% coinsurance after deductible
Advanced Imaging	15% coinsurance after deductible	40% coinsurance after deductible
Inpatient and Outpatient Hospitalization	15% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	\$120 copay/visit (waived if admitted)	
Urgent Care	\$25 copay/visit	\$50 copay/visit

<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	\$15 copay	\$25 copay
Brand-name Formulary	\$30 copay	\$60 copay
Brand-name Non-Formulary	\$60 copay	\$120 copay

<b>Mental Health/Substance Abuse Benefits – Administered by BCBS - MN</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$0	\$0
Family Deductible Maximum	\$0	\$0
Coinsurance	0%	0%
Outpatient Individual & Group Therapy	\$25 copay/visit	\$50 copay/visit
Emergency Room Visit	\$120 copay/visit (waived if admitted)	
Inpatient Care	No charge	No charge
Other Covered Expenses	No charge	No charge

<b>Dental Benefits – Administered by Cigna Dental</b>	
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)

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

**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).*