

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

<b>Medical Benefits* – Administered by Cigna Health</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$0	Not covered
Family Deductible Maximum	\$0	Not covered
Individual Out-of-Pocket Maximum	\$1,850	Not covered
Family Out-of-Pocket Maximum	\$5,550	Not covered
Coinsurance	0%	Not covered
Individual Coinsurance Maximum	N/A	N/A
Family Coinsurance Maximum	N/A	N/A
Preventive Care	\$20 copay/visit	Not covered
Office Visit: Primary	\$20 copay/visit	Not covered
Office Visit: Specialist	\$20 copay/visit	Not covered
Well Child Care (under age 6)	\$20 copay/visit	Not covered
Laboratory	No charge	Not covered
Diagnostic Radiology	No charge	Not covered
Advanced Imaging	No charge	Not covered
Inpatient and Outpatient Hospitalization	\$430 copay/admission or facility visit	Not covered
Emergency Room Visit	\$90 copay/visit (waived if admitted)	
Urgent Care	\$90 copay/visit	\$90 copay/visit

<b>Prescription Drug Benefits* – Administered by Cigna Health</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	\$25 copay	\$50 copay
Brand-name Non-Formulary	\$40 copay	\$80 copay

<b>Mental Health/Substance Abuse Benefits* – Administered by Cigna Behavioral Health</b>		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	None	Not covered
Family Deductible Maximum	None	Not covered
Coinsurance	0%	Not covered
Outpatient Individual & Group Therapy	\$20 copay/visit	Not covered
Emergency Room Visit	\$90 copay/visit (waived if admitted)	
Inpatient Care	\$430 copay/admission	Not covered
Other Covered Expenses	No charge	Not covered

<b>Dental Benefits – Administered by Cigna Dental</b>	
Preventive Care	\$0 (no deductible)
Deductible	\$50/person
Basic Dental Care	20% after deductible
Calendar Year Maximum Benefit	\$1,500 paid by the Plan for Basic & Major Restorative Services and TMJ Treatment
Orthodontic Care	50% (\$1,250 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

\* Medical care, prescription drugs, and mental health and substance abuse care received non-network are the member's responsibility.

**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).