

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

Medical Benefits – Administered by BCBS - MN		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$1,800	\$3,600
Family Deductible Maximum	\$3,600	\$7,200
Individual Out-of-Pocket Maximum	\$5,400 plus applicable copays	\$14,400 plus applicable copays
Family Out-of-Pocket Maximum	\$10,800 plus applicable copays	\$28,800 plus applicable copays
Coinsurance	20%	40%
Individual Coinsurance Maximum	\$3,600	\$10,800
Family Coinsurance Maximum	\$7,200	\$21,600
Preventive Care	No charge	Not covered
Office Visit: Primary	No charge after deductible	No charge after deductible
Office Visit: Specialist	No charge after deductible	No charge after deductible
Well Child Care (under age 6)	No charge	Not covered
Laboratory	20% coinsurance after deductible	40% coinsurance after deductible
Diagnostic Radiology	20% coinsurance after deductible	40% coinsurance after deductible
Advanced Imaging	20% coinsurance after deductible	40% coinsurance after deductible
Inpatient and Outpatient Hospitalization	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	\$120 copay/visit (waived if admitted)	
Urgent Care	\$35 copay/visit	40% coinsurance after deductible

Prescription Drug Benefits – Administered by Express Scripts		
	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

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

Dental Benefits – Administered by Cigna Dental	
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)

Other CHP Benefits and Discounts	
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.