

Concordia Health Plan 2019
Select 500 At-A-Glance
(Reflects Member's Responsibility)

Medical Benefits – Administered by BCBS - MN		
	Network Cost	Non-Network Cost
Individual Deductible Maximum	\$500	\$1,000
Family Deductible Maximum	\$1,000	\$2,000
Individual Out-of-Pocket Maximum	\$2,000	\$4,000
Family Out-of-Pocket Maximum	\$4,000	\$8,000
Coinsurance	20%	40%
Individual Coinsurance Maximum	N/A	N/A
Family Coinsurance Maximum	N/A	N/A
Preventive Care	No charge	40% coinsurance after deductible
Office Visit: Primary	\$20 copay/visit	\$40 copay/visit
Office Visit: Specialist	\$40 copay/visit	\$80 copay/visit
Well Child Care (under age 6)	No charge	40% coinsurance after deductible
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	\$150 copay/visit (waived if admitted)	
Urgent Care	\$50 copay/visit	\$100 copay/visit

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	\$30 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	\$500	\$1,000
Family Deductible Maximum	\$1,000	\$2,000
Coinsurance	20%	40%
Outpatient Individual & Group Therapy	\$20 copay/visit	\$40 copay/visit
Emergency Room Visit	\$150 copay/visit (waived if admitted)	
Inpatient Care	20% coinsurance after deductible	40% coinsurance after deductible
Other Covered Expenses	20% coinsurance after deductible	40% coinsurance after deductible

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.