

# Concordia Health Plan 2023

## Lutheran Home at Concord Reserve (LHCR 3000) At-a-Glance

(Reflects Member's Responsibility)

| Medical Benefits - Administered by BCBS-MN | Network Cost  | Non-Network Cost  |
|--|---|---|
| Individual Deductible Maximum              | \$3,000   | \$6,000   |
| Family Deductible Maximum                  | \$6,000   | \$12,000  |
| Individual Out-of-Pocket Maximum           | \$4,500   | \$9,000   |
| Family Out-of-Pocket Maximum               | \$9,000   | \$18,000  |
| Coinsurance                                | 20%   | 50%   |
| Preventive Care                            | No charge   | 50% coinsurance after deductible  |
| Office Visit: Primary                      | \$30 copay/visit  | 50% coinsurance after deductible  |
| Office Visit: Specialist                   | \$40 copay/visit  | 50% coinsurance after deductible  |
| Well Child Care (under age 6)              | \$0   | 50% coinsurance after deductible  |
| Laboratory                                 | 20% after deductible  | 50% coinsurance after deductible  |
| Diagnostic Radiology                       | 20% after deductible  | 50% coinsurance after deductible  |
| Advanced Imaging                           | 20% after deductible  | 50% coinsurance after deductible  |
| Inpatient and Outpatient Hospitalization   | 20% after deductible  | 50% coinsurance after deductible  |
| Emergency Room Visit                       | \$200 copay/visit then 20% coinsurance - no deductible applied (copay waived if admitted) | \$200 copay/visit then 20% coinsurance - no deductible applied (copay waived if admitted) |
| Urgent Care                                | \$100 copay   | 50% coinsurance after deductible  |

| Prescription Drug Benefits - Administered by Express Scripts | Retail Pharmacy Short-Term Medication (30-day supply)  | Mail Order Pharmacy Long-Term Medication (90-day supply) |
|--|--|--|
| Generic  | \$20   | \$40   |
| Brand-name Formulary*  | \$75   | \$150  |
|  | For insulin drugs only:<br>30-day supply: \$25 copay / 60-day supply: \$50 copay / 90-day supply: \$75 copay |  |
| Brand-name Non-Formulary*                                    | \$100  | \$200  |
| Specialty Drugs  | \$150  | \$150  |

| Other CHP Benefits and Discounts |                         |
|----------------------------------|-------------------------|
| Hearing                          | TruHearing              |
| Employee Assistance Program      | Cigna Behavioral Health |

\*When a patient or physician requests a brand drug but an equivalent generic is available, the patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug. The cost difference will not be applied to the deductible or out-of-pocket maximum.

The dollar amount of any coupon, rebate or manufacturer's assistance will not count towards your coinsurance, copayment, deductible or out-of-pocket.

### Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan option referenced above. While every effort has been made to provide accurate information, please refer to the CHP official plan document.