

# Concordia Health Plan 2023

## Healthy Me Copay D (Cigna Kelsey Care) At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits - Administered by Cigna	Network Cost*
Individual Deductible Maximum	\$1,200
Family Deductible Maximum	\$2,400
Individual Out-of-Pocket Maximum†	\$3,500
Family Out-of-Pocket Maximum†	\$7,000
Coinsurance	20%
Preventive Care	No charge
Office Visit: Primary	\$35 copay/visit
Office Visit: Specialist	\$60 copay/visit
Well Child Care	No charge
Laboratory	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits (based on place of service)
Diagnostic Radiology	
Advanced Imaging	
Inpatient and Outpatient Services	20% coinsurance after deductible
Emergency Room Visit*	\$200 copay/visit (copay waived if admitted)
Urgent Care*	\$60 copay/visit (copay waived if admitted)

Prescription Drug Benefits - Administered by Cigna	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Generic	\$10 copay	\$25 copay
Brand-name Formulary**	30% coinsurance (member pays minimum \$25 / maximum \$75)	30% coinsurance (member pays minimum \$62.50 / maximum \$187.50)
	For insulin drugs only: 30-day supply: \$25 copay / 60-day supply: \$50 copay / 90-day supply: \$75 copay	
Brand-name Non-Formulary**	40% coinsurance (member pays minimum \$50 / maximum \$100)	40% coinsurance (member pays minimum \$125 / maximum \$250)

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

\* There are no out-of-network benefits except for Emergency Room and Urgent Care visits.

\*\*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 amount of any coupon, rebate or manufacturer's assistance may not count towards your coinsurance, copayment, deductible or out-of-pocket.

† Includes deductibles, copays and coinsurance costs for medical, mental health/substance abuse and prescription drug services.

**Note: A primary care physician must be chosen when enrolling, otherwise one will be selected for you. You may change your PCP at any time, but the effective date of this change will be the first day of the following month.**

### 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 and the appropriate CHP Schedule for more detailed information.