## Medical and Mental Health Benefits — Administered by BCBS-MN

<table>
<thead>
<tr>
<th></th>
<th>Network Cost</th>
<th>Non-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible Maximum</td>
<td>$6,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>Family Deductible Maximum</td>
<td>$12,000</td>
<td>$36,000</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum*</td>
<td>$6,900</td>
<td>$20,700</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum*</td>
<td>$13,800</td>
<td>$41,400</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

## Preventive Care
- No charge
- Not covered

## Office Visit: Primary
- 20% coinsurance after deductible
- 40% coinsurance after deductible

## Office Visit: Specialist
- 20% coinsurance after deductible
- 40% coinsurance after deductible

## Well Child Care
- 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 Services
- 20% coinsurance after deductible
- 40% coinsurance after deductible

## Emergency Room Visit
- 20% coinsurance after deductible

## Urgent Care
- 20% coinsurance after deductible

## Prescription Drug Benefits — Administered by Express Scripts

### Retail Pharmacy Short-Term Medication

- No cost for generic preventive drugs; no deductible applied.
- Otherwise, see copay structure below.
- (Note: deductible does not apply to brand-name diabetic drugs)

#### Generic
- $10 copay after deductible
- $25 copay after deductible

#### Brand-name Formulary**
- 30% coinsurance after deductible (minimum $25 / maximum $75)
- 30% coinsurance after deductible (minimum $62.50 / maximum $187.50)

  - For insulin drugs only (deductible does not apply):
    - 30-day supply: $25 copay / 60-daysupply: $50 copay / 90-daysupply: $75 copay

#### Brand-name Non-Formulary**
- 40% coinsurance after deductible (minimum $50 / maximum $100)
- 40% coinsurance after deductible (minimum $125 / maximum $250)

### Mail Order Pharmacy Long-Term Medication

- 30% coinsurance after deductible
- 30% coinsurance after deductible

### Other CHP Benefits and Discounts

- Hearing: TruHearing
- Employee Assistance Program: Cigna Behavioral Health

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

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