

Concordia Health Plan 2022

Healthy Me Copay B (Cigna) At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits — Administered by Cigna	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$350	\$700
Family Deductible Maximum*	\$700	\$1,400
Individual Out-of-Pocket Maximum*†	\$2,100	\$4,200
Family Out-of-Pocket Maximum*†	\$4,200	\$8,400
Coinsurance	20%	40%
Preventive Care	No charge	Not covered
Office Visit: Primary	\$35 copay/visit	\$70 copay/visit
Office Visit: Specialist	\$60 copay/visit	\$120 copay/visit
Well Child Care	No charge	Not covered except no charge for immunizations from birth through age 4
Laboratory	Outpatient Lab: 20% coinsurance after deductible Preferred Independent Lab: 10% coinsurance (no deductible)	40% coinsurance after deductible
Diagnostic Radiology	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	40% coinsurance after deductible
Advanced Imaging	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service	40% coinsurance after deductible
Inpatient and Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Visit	\$200 copay/visit then deductible applied (copay waived if admitted)	
Urgent Care	\$60 copay/visit	

Prescription Drug Benefits — Administered by Cigna	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Cigna 90 Now Program Applies**	Please see important footnote below**	
Preventive	See copay structure below	
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

* The amount paid for in-network covered expenses counts towards in-network deductible and in-network out-of-pocket maximums. However, the amount paid for out-of-network covered expenses counts towards both in-network and out-of-network deductibles and out-of-pocket maximums.

**Cigna 90 Now Program: All maintenance medications must be filled in a 90-day supply at one of the 90-day retail pharmacies in your plan's network, or Cigna Home Delivery Pharmacy. After two 30-day fills of the same prescription at a retail pharmacy, your cost will be 100% of the cost of the prescription if you haven't switched to a 90-day supply. This means you'll have to pay the full cost out of your own pocket, and the payment won't count towards your plan's deductible or out-of-pocket maximum.

***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.

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

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.