

Concordia Health Plan 2022

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

(Reflects Member's Responsibility)

Medical and Mental Health Benefits — Administered by	Network Cost	Non-Network Cost
Self Only Deductible Maximum*	\$2,000	\$6,000
Family Deductible Maximum*	\$4,000	\$12,000
Self Only Out-of-Pocket Maximum*†	\$4,000	\$12,000
Family Out-of-Pocket Maximum*†	\$8,000	\$24,000
Coinsurance	20%	40%
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 except no charge for immunizations from birth through age 4
Laboratory	Physician's Office or Outpatient Lab: 20% coinsurance after deductible Preferred Independent Lab: 10% coinsurance after 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 after deductible	40% coinsurance after deductible
Advanced Imaging	Covered under the Physician's Office, Emergency Room, Urgent Care or Outpatient Benefits based on place of service after deductible	40% coinsurance after deductible
Inpatient and Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Services	20% coinsurance after deductible	40% coinsurance after deductible
Urgent Care	20% coinsurance after deductible	40% coinsurance after deductible

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	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 (member pays minimum \$25 / maximum \$75)	30% coinsurance after deductible (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 after deductible (member pays minimum \$50 / maximum \$100)	40% coinsurance after deductible (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.

† If coverage other than Self Only is elected, the family deductible must be satisfied before coinsurance applies. This is called a non-embedded deductible. The out-of-pocket maximum is also non-embedded.

**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.