

Concordia Health Plan 2023 Option D (BCBS-MN) At-a-Glance

(Reflects Member's Responsibility)

| Medical Benefits - Administered by BCBS-MN | Network Cost | Non-Network Cost |
|--|--|----------------------------------|
| Individual Deductible Maximum | \$1,200 | \$2,400 |
| Family Deductible Maximum | \$2,400 | \$4,800 |
| Individual Out-of-Pocket Maximum | \$4,200 plus applicable copays | \$11,400 plus applicable copays |
| Family Out-of-Pocket Maximum | \$8,400 plus applicable copays | \$22,800 plus applicable copays |
| Coinsurance | 20% | 40% |
| Individual Coinsurance Maximum | \$3,000 | \$9,000 |
| Family Coinsurance Maximum | \$6,000 | \$18,000 |
| Preventive Care | No charge | Not covered |
| Office Visit: Primary | \$35 copay/visit | \$70 copay/visit |
| Office Visit: Specialist | \$35 copay/visit | \$70 copay/visit |
| Well Child Care (under age 6) | 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 Hospitalization | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Emergency Room Visit | \$120 copay/visit (waived if admitted) | |
| Urgent Care | \$35 copay/visit | \$70 copay/visit |

| Prescription Drug Benefits - Administered by Express Scripts | Retail/Short-Term Medication | Mail Order/Long Term Medication |
|--|------------------------------|---------------------------------|
| Preventive | See copay structure below | |
| Generic | \$15 copay | \$25 copay |
| Brand-name Formulary* | \$30 copay | \$60 copay |
| Brand-name Non-Formulary* | \$60 copay | \$120 copay |

| Mental Health/Substance Abuse Benefits - Administered by BCBS-MN | Network Cost | Non-Network Cost |
|--|--|------------------|
| Individual Deductible Maximum | \$0 | \$0 |
| Family Deductible Maximum | \$0 | \$0 |
| Coinsurance | 0% | 0% |
| Outpatient Individual & Group Therapy | \$35 copay/visit | \$70 copay/visit |
| Emergency Room Visit | \$120 copay/visit (waived if admitted) | |
| Inpatient Care | No charge | No charge |
| Other Covered Expenses | No charge | No charge |

| Other CHP Benefits and Discounts | |
|----------------------------------|-------------------------|
| Dental | Cigna Dental |
| Vision | VSP |
| 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 out-of-pocket maximum.

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.