

Concordia Health Plan 2023

Healthy Me Copay D (BCBS-MN)

At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits - Administered by BCBS-MN	Network Cost	Non-Network Cost
Individual Deductible Maximum*	\$1,200	\$3,600
Family Deductible Maximum*	\$2,400	\$7,200
Individual Out-of-Pocket Maximum**	\$3,500	\$10,500
Family Out-of-Pocket Maximum**	\$7,000	\$21,000
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
Laboratory	20% 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	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 Express Scripts	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
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

* Copays don't apply to the deductible.

** 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.