

Concordia Health Plan 2023 Whole Health 2000 At-a-Glance

(Reflects Member's Responsibility)

Medical and Mental Health Benefits - Administered by Kaiser Permanente	Network Cost	Non-Network Cost
Self Only Deductible Maximum	\$2,000	Not covered
Family Deductible Maximum*	\$4,000	Not covered
Self Only Out-of-Pocket Maximum	\$3,000	Not covered
Family Out-of-Pocket Maximum*	\$6,000	Not covered
Coinsurance	N/A	Not covered
Family Coinsurance Maximum	N/A	N/A
Preventive Care	No charge	Not covered
Office Visit: Primary	\$30 copay/visit after deductible	Not covered
Office Visit: Specialist	\$30 copay/visit after deductible	Not covered
Well Child Care (under age 6)	No charge	Not covered
Laboratory	\$10 copay/visit after deductible	Not covered
Diagnostic Radiology	\$10 copay/visit after deductible	Not covered
Advanced Imaging	\$50 copay/visit after deductible	Not covered
Inpatient Hospitalization	\$250 copay/admission after deductible	Not covered
Outpatient Surgery	\$150 copay/admission after deductible	Not covered
Outpatient Individual & Group Therapy	Individual: \$30 copay/visit after deductible Group: \$15 copay/visit after deductible	Not covered
Emergency Room Visit	\$100 copay/visit after deductible (copay waived if admitted) For an ER visit out of network, once your condition is stable, call Kaiser Permanente to let them know you received emergency care or were admitted to a hospital.	
Urgent Care	\$30 copay/visit after deductible	

Prescription Drug Benefits - Administered by Kaiser Permanente	Retail Pharmacy Short-Term Medication	Mail Order Pharmacy Long-Term Medication
Preventive	See copay structure below	
Generic	KP Pharmacy or Mail Order Pharmacy 30-Day Supply: \$10 copay after deductible Community Network Pharmacy 30-Day Supply: \$20 copay after deductible	30-Day Supply: \$10 copay after deductible 31 to 90-Day Supply: \$20 copay after deductible
Brand-name Formulary	KP Pharmacy or Mail Order Pharmacy 30-Day Supply: \$30 copay after deductible Community Network Pharmacy 30-Day Supply: \$40 copay after deductible	30-Day Supply: \$30 copay after deductible 31 to 90-Day Supply: \$60 copay after deductible
Brand-name Non-Formulary	N/A	N/A

Other CHP Benefits and Discounts	
Hearing	TruHearing
Employee Assistance Program	Cigna Behavioral Health

*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.

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.