

# Concordia Health Plan 2023

## Healthy Me Copay A (UMR) At-a-Glance

(Reflects Member's Responsibility)

| Medical and Mental Health Benefits - Administered by UMR | Network Cost                                       | Non-Network Cost                                   |
|--|--|--|
| Individual Deductible Maximum                            | \$0  | \$0  |
| Family Deductible Maximum                                | \$0  | \$0  |
| Individual Out-of-Pocket Maximum*                        | \$8,550  | \$17,100   |
| Family Out-of-Pocket Maximum*                            | \$17,100   | \$34,200   |
| 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   | \$60 copay   | \$120 copay  |
| Diagnostic Radiology                                     | \$150 copay  | \$300 copay  |
| Advanced Imaging   | \$600 copay  | \$1,200 copay                                      |
| Inpatient Hospitalization                                | \$1,500/day for first 3 days, then covered in full | \$3,000/day for first 3 days, then covered in full |
| Outpatient Surgery                                       | \$700 copay  | \$1,400 copay                                      |
| Emergency Room Visit                                     | \$500 copay/visit<br>(copay waived if admitted)    |  |
| Urgent Care  | \$100 copay/visit                                  |  |

| Prescription Drug Benefits - Administered by EmpiRx | Retail Pharmacy Short-Term Medication                      | Mail Order Pharmacy Long-Term Medication                         |
|---|--|--|
| Preventive  | See benefit 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) |
| 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 |

\* Includes deductibles, copays and coinsurance costs for medical, mental health/substance abuse and prescription drug services. The amount paid for in-network covered expenses counts towards in-network out-of-pocket maximums. However, the amount paid for out-of-network covered expenses counts towards both in-network and out-of-pocket maximums. Copays don't apply to deductible.

\*\* 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.