Cox HealthPlans
CoxHealth

Partners70

Benefit Summary

PLAN FEATURES

PLAN FEATURES	IN-NETWORK Member is responsible for:	OUT-OF-NETWORK Member is responsible for:
Essential Benefits	$2,000,000 per year	
Lifetime Maximum Benefit	Unlimited	
Deductible options Family Maximum = 3x Individual	$1000, $1500, $2000, $2500, $3500, $5000, $7500 or $10,000	2x in-network
Out-of-Pocket Maximum options Family Maximum = 2x Individual plus Deductible	$3,000, $4,000, or $5,000	2.5x in-network
Physician Services		
Physician Office Visit	$20, $30, or $40 Copay per visit*	50% U&C**
Physician Services	30%	50% U&C**
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology	30%	50% U&C**
Inpatient Hospitalization	30%	50% U&C**
Outpatient Hospital Services	30%	50% U&C**
Hospital Emergency Room Services options	30% or $200 copay per visit	30% or $200 copay per visit
Urgent Care Services options	30% or $75 copay per visit	50% U&C**
Ambulance Services	20%	20% U&C**
Maternity & Childbirth Expenses	30%	50% U&C**
Preventive Health Services	Services as mandated by PHSA Section 2713	
Services recommended by the U.S. Preventive Task Force	$0	50% U&C**
Preventive office visits & lab associated with checkups	$0	50% U&C**
Additional office services not mandated by PHSA Section 2713	Copay is same as Physician Office Visit	50% U&C**
Immunizations		
Ages 0 to Adult - as mandated by PHSA Section 2713	$0 Copay per immunization	50% U&C**
Additional immunizations not mandated by PHSA Section 2713	$12 copay per immunization	50% U&C**
Home Health Care	30%	50% U&C**
Skilled Nursing Facility	30%	50% U&C**
Hospice Care	30%	50% U&C**
Durable Medical Equipment	30%	50% U&C**
Disposable Medical Supplies	30%	50% U&C**
Chiropractic Services	(Limited to 26 per calendar year without prior authorization)	
Chiropractic Office Visit	Copay is same as Physician Office Visit	50% U&C**
Other Chiropractic Services	30%	50% U&C**
Mental Health / Substance Abuse		
Mental Health Provider Office Visit	Copay is same as Physician Office Visit	50% U&C**
Inpatient Services	30%	50% U&C**
Outpatient Services	30%	50% U&C**
Outpatient Prescription Drugs options	After satisfaction of $0, $100, or $250 Rx Deductible	
Tier 1 - Most Generics[1] (30-day supply)	$10 or $10	50%
Tier 2 - Preferred Brand (30-day supply)	$20 $35	50%
Tier 3 - Non-Preferred Formulary Brand (30-day supply)	$40 $75	50%
Tier 4 - Specialty (30-day supply)	$100 $100	N/A
Mail Order (90-day supply)	2.5x Retail Copay	N/A

*Copay applies ONLY to office visit cost; all diagnostics, x-rays, and treatment will be subject to deductible and coinsurance. eVisits subject to $10 copay.
** Usual and customary charges.
[1] Generics could fall into any tier. Please consult the formulary.
No benefit combination to equal more than 30% difference between In-Network and Out-of-Network coinsurances.
This is only a brief summary of benefits, which is not intended to be comprehensive. Your Evidence of Coverage is the governing document for benefit information.