



THINKING HEALTH FORWARD

# COX HEALTH PLANS

CoxHealth

## **Self-Funded Health Plans** **Level-Funding**

*Administration and Stop-Loss Insurance  
for Employer Groups*



# A Smart, Affordable, Simple Plan for Your Business from Cox HealthPlans

Cox HealthPlans Self-Funded Health Plans offer an alternative to traditional health insurance that may **lower your group's health care costs**. This unique package of services and protection, including our Risk Management expertise, allows you to gain control over those expenses by helping you **establish and fund your own health benefit plan**.

## Smart

Cox HealthPlans Self-Funded Health Plans enable you to offer your employees premier health protection—the kind usually reserved for big businesses. And while you protect your employees, we protect your business from larger-than-expected claims.

## Affordable

Self-funding means you don't pay for more than the amount of health care your group actually uses. So if your group's claims expenses are less than the norm, your overall savings can be significant.

## Simple

Cox HealthPlans gives you a complete package—all the services for self-funding. You choose your health benefit plan and all the details are taken care of—you simply pay a monthly bill.

## Risk Management

Cox HealthPlans has been in the business of managing risk for nearly 20 years as an insurance company. We will not only help administer your plan but use the same risk management techniques that we use on our own traditional health insurance risk to help manage your costs of providing healthcare benefits.

**With Cox HealthPlans, you get more than just protection.** You also get the peace of mind that comes from knowing you've chosen an organization with the commitment and financial resources to be there when you need them.



An affiliate of CoxHealth, we provide insurance solutions for nearly 45,000 members across Missouri and throughout the nation. Locally owned and managed in Springfield, Missouri, we employ more than 85 staff members with special expertise in Medical Management, Claims Processing, Member Services, Finance, Underwriting, Information Technology, Enrollment and Marketing. Their dedication and knowledge base provide you with the highest quality customer service, accurate and timely claims payment, and expert medical management you've come to expect from a leader in the health care industry.

Locally based in Southwest Missouri since 1995, Cox HealthPlans has a history of business experience, financial stability and health-insurance expertise you won't find anywhere else.

We offer health insurance solutions to individuals and businesses across Southwest Missouri.

# Self-Funded Health Plans

*Cox HealthPlans makes it easy to establish a health benefit plan—you get all the advantages of self-funding and none of the hassles.*

## Cox HealthPlans Self-Funded Highlights:

- *We help you build your health benefit plan by selecting from many plan design options—just like for traditional health insurance.*
- *Your maximum cost for the year is determined up front and guaranteed, subject to enrollment and benefit changes.*
- *If claims ever become larger than expected, insurance protection for your business—employer stop-loss insurance—takes care of these expenses. Your costs for the year are not increased.*
- *Unlike other types of health plans, our self-funded plans give you money back if your group's actual benefit expenses for the year are less than expected. You decide whether to apply the savings to your monthly bill or take a refund.*
- *Our health plans are designed for employers determined to take control of health care costs without compromising the quality of benefits their employees receive.*

## Health Benefit Highlights:

- *First-dollar preventive care benefits*
- *Copays for prescription drugs, office visits to network doctors and urgent care facilities*
- *No referrals necessary to see a specialist*
- *Optional Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs)—health care savings programs with tax advantages*
- *Lets you cover employees across the U.S. with multiple plan designs and provider networks to accommodate different employee needs*
- *Work with you to develop a plan with minimum essential coverage as outlined in the Affordable Care Act*

*Cox HealthPlans and its legal entities are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a qualified professional.*

***A Cox HealthPlans Self-Funded Health Plan combines a self-funded employee health benefit plan with plan administration and employer stop-loss coverage, all of which are regulated by federal law. The employer stop-loss coverage is an insurance product that is also regulated by the state in which the coverage is issued. Employer stop-loss insurance for Cox HealthPlans Self-Funded Health Plans is underwritten and issued by Cox Health Systems Insurance Company.***

# How We Make Self-Funding Work for You

Our **complete self-funding package** means you're free to focus on your business.

You simply pay a monthly bill, which includes the amount needed to fund expected claims as well as your stop-loss insurance premium and plan administration fee.

We take it from there:

- The plan administrator pays claims from your claims fund
- Your stop-loss insurance takes care of larger-than-expected claims
- Any unused funds accrue and can either be applied to your monthly bill or refunded to you

## Employer Stop-Loss Insurance

An aggregate stop-loss benefit protects against high, unexpected claims incurred by your group as a whole. If total claims reach a pre-determined limit, your stop-loss insurance takes care of additional claims for the rest of the year.

This benefit also provides monthly advances to your claims fund if the claims paid exceed the current balance in your claims fund.

You're also protected against high claims incurred by an individual group member. A specific stop-loss benefit takes care of a member's additional claims for the rest of the year once that individual's claims exceed a pre-determined limit, which you select.

**Choose a specific stop-loss option starting at \$20,000 and up per person each year**

## Plan Administration

### Easy to Work With— Easy to Trust

- Easy to use online services that allow you to access plan information
- Easy-to-understand monthly reports that keep you on top of your plan's performance
- More than 20 years of experience in benefit management and administration services

### One Point of Contact

**Customer service is available when you need:**

- Answers to health benefit plan questions
- Help finding doctors and hospitals in your network(s)
- Claims status (also available online)
- Answers to plan cost and billing questions
- Changes to your plan
- ID cards and summary plan descriptions

Self-funding offers great advantages for many groups, but it's not appropriate for all. We will work with you now and in the future to help you determine if self-funding is the right choice for your group.

# Health Benefit Plan

<b>Plan Design</b>	<b>Self-Funded</b> <i>(Plan Types – PPO Copay, PPO Copay HRA, PPO HSA)</i>
<b>Deductible</b>	\$500, \$750, \$1000, \$1500, \$2000, \$2500, \$3500
<b>Family Deductible</b>	2× Individual
<b>Benefit Percentage</b>	0%, 10%, 20%, 30%
<b>Coinsurance Out-of-Pocket</b>	\$0, \$1000, \$1500, \$2000, \$2500, \$3000
<b>Family Coinsurance Out-of-Pocket</b>	2× Individual
<b>Office Visit Copay</b>	\$30 or \$40 0%, 10%, 20%, 30% <i>(Non-inclusive copay as standard benefit but able to offer inclusive copay)</i>
<b>Urgent Care Services</b>	\$50, \$75, \$100 Inclusive <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible and/or coinsurance</i>
<b>Emergency Room</b>	\$200 Inclusive <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible and/or coinsurance</i>
<b>Prescription Deductible</b>	\$0, \$50, \$100
<b>Prescription Plans</b>	\$10/\$20/\$40/\$100 or \$10/\$35/\$75/\$100 <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible</i>



# Important Provisions

## Employment Waiting Period

*The employment waiting or affiliation period is the number of consecutive days an employee must be working before he/she is eligible to be covered. Coverage begins on the first day of the following month.*

**The following choices are available:**

*0, 30 or 60*

## CoxHealth Network

*Cox HealthPlans has PPO arrangements with local and national provider networks, so you have convenience and choice. However, many times physicians and other health providers such as radiologists, anesthesiologists, pathologists and emergency room personnel are affiliated with participating hospitals and clinics but are not members of the network. If care is received at a network facility from those nonparticipating providers, covered charges will be paid at the network benefit level. Though the health benefit plan pays a greater percentage of the charge, the covered person is responsible for any remaining balance.*

## Emergency Care Benefit

*The health benefit plan pays for emergency treatment at the network benefit level whether treatment is received from a participating or nonparticipating provider.*

## Utilization Review

*Covered members are responsible for calling Cox HealthPlans to receive authorization for inpatient treatment, certain outpatient treatment and durable medical equipment. The toll-free number appears on the ID card.*



# Terms

## Benefit Payment Related

**Benefit Percentage** is the portion of covered expenses the covered person pays after the deductible.

**Coinsurance** is the portion of covered expenses a covered person pays after the deductible.

**Coinsurance Out-of-Pocket Maximum** is the total amount of coinsurance a covered person is responsible for paying in a year. The health benefit plan pays 100% of covered expenses after this limit is reached.

**Copayment** is a fixed amount that the Covered Person must pay when receiving covered medical services that are not fully prepaid.

**Deductible** is the amount the Covered Person must pay toward Covered Expenses each year before the Plan begins paying.

**Family Deductible** is two times the individual deductible. All network and out-of-network covered expenses for all covered family members accrue toward the satisfaction of the family deductible. Once the family deductible is satisfied, any remaining network covered expenses for the year will be paid by the health benefit plan at the selected benefit percentage. However, any remaining out-of-network covered expenses for the year will continue to accrue toward the satisfaction of the out-of-network family deductible. For a Common Family Deductible, either one or more covered family members must satisfy the family deductible before benefits are paid for any covered family member.

**First-Dollar** describes benefits paid by the health benefit plan that are not subject to the deductible, coinsurance or a copay.

## Medical Service Related

**Emergency Care** includes treatment, services or supplies for an illness or injury of such a nature that failure to get immediate medical attention or treatment could place the covered person's life in jeopardy or cause serious harm to the person's bodily functions.

**Hospital Services** include a hospital's semi-private room, board, intensive care and miscellaneous services and supplies for illnesses, injuries, maternity and well-newborn care.

**Health Care Practitioner** is a person licensed by the state or other geographic area in which covered services are rendered to treat the kind of illness or injury for which a claim is made. Included are doctors, surgeons, assistant surgeons, anesthesiologists, physician assistant and nurses.

**Office Visit** is a face-to-face meeting between a covered person and a health care practitioner that takes place in the

**Maximum Allowable Amount** is the most the health benefit plan pays for services performed by providers. The negotiated rate is the maximum allowable amount paid to participating (network) providers.

Unlike some plans, the health benefit plan also covers services performed by nonparticipating (out-of-network) providers. The maximum allowable amount for these services is based on usual, customary and reasonable (UCR), which uses charges by area providers to determine the maximum allowable amount. A covered person using a nonparticipating provider is responsible for any amount in excess of the maximum allowable amount.

**Out-of-Network Charges** is an additional amount paid by a covered person who received treatment from a nonparticipating provider.

- The out-of-network deductible is two times the network deductible
- The out-of-network family deductible is two times the out-of-network deductible

The out-of-network coinsurance out-of-pocket maximum is two times the network coinsurance out-of-pocket maximum.

The out-of-network family coinsurance out-of-pocket maximum is two times the out-of-network coinsurance out-of-pocket maximum.

Copays for office and facility visits are not accepted at nonparticipating providers. Those charges are subject to the out-of-network deductible and out-of-network coinsurance.

health care practitioner's office for evaluation, diagnosis and management of an illness or injury or preventive services.

**Outpatient Physical Medicine Services** include physical, speech and occupational therapies, chiropractic care, cardiac and pulmonary rehabilitation and treatment for developmental delay.

**Primary Care Provider** is a health care practitioner who is: 1) a general or family practitioner, internist, pediatrician, obstetrician or gynecologist, or 2) designated by the network manager as primary care provider.

**Urgent Care** is a facility that provides diagnosis, treatment, and management of urgent medical conditions such as illnesses or minor trauma that are not life threatening but do need attention quickly.

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