

Cox DirectCare II

Benefit Summary



Plan Features	In-Network <i>Member is responsible for:</i>	Out-of-Network <i>Member is responsible for:</i>	
Essential Benefits		Unlimited	
Lifetime Maximum Benefit		Unlimited	
Deductible Options <i>Family Maximum = 3x Individual</i>	\$1000, \$1500, \$2000, \$2500, \$3500, \$5000, \$7500 or \$10,000	2x in-network	
Out-of-Pocket Maximum Options <i>(does not include deductible)</i> <i>Family Maximum = 2x Individual</i>	\$2500, \$3000, \$4000, \$5000 or \$10,000*	2.5x in-network*	
Coinsurance Percentage Options	0%, 10%, 20% or 30%	30%(0%), 40%(10%), 50%(20% or 30%) ²	
Accident Benefit <i>\$1000 maximum per person per calendar year</i>	\$0—No Member Cost Share	\$0—No Member Cost Share	
Preventive Health Benefit <i>services mandated by PHSA Section 2713</i>	\$0—No Member Cost Share	Deductible & Coinsurance ²	
Physician Office Visit <i>includes all services billed through office</i>	\$30 unlimited visits (eVisits—\$10)	Deductible & Coinsurance ²	
Inpatient Hospitalization	Coinsurance	Deductible & Coinsurance ²	
Outpatient Hospital Services	Coinsurance	Deductible & Coinsurance ²	
Urgent Care Services	\$75 Copay	Deductible & Coinsurance ²	
Emergency Room Services	Coinsurance	Deductible & Coinsurance ²	
Ambulance	Coinsurance	Deductible & Coinsurance ²	
Immunizations — <i>as mandated by PHSA Section 2713</i>	\$0 per immunization	Deductible & Coinsurance ²	
Diagnostic X-Ray, Lab, Echo, EKG, EEG, Pathology	Coinsurance	Deductible & Coinsurance ²	
Home Health, Hospice, Skilled Nursing Services	Coinsurance	Deductible & Coinsurance ²	
Durable Medical Equipment	Coinsurance	Deductible & Coinsurance ²	
Disposable Medical Supplies	Coinsurance	Deductible & Coinsurance ²	
Mental Health/Substance Abuse Services	\$30 Copay	Deductible & Coinsurance ²	
Chiropractic Services	\$30 Copay	Deductible & Coinsurance ²	
Prescription Drug Benefits	Retail	Mail	
<i>Tier 1—Most Generics¹ (30-day supply)</i>	\$10 Copay	\$5 Copay	50%
Pharmacy Deductible Options <i>(Applies to Tiers 2, 3, & 4 only)</i>	\$0, \$100, \$250, \$500, \$1000 or \$2000		
<i>Tier 2—Preferred Brand (30-day supply)</i>	\$35 Copay	\$25 Copay	50%
<i>Tier 3—Non-Preferred Brand Name (30-day supply)</i>	\$75 Copay	\$50 Copay	50%
<i>Tier 4—Specialty (30-day supply)</i>	\$100 Copay	N/A	N/A

¹Generics could fall into any tier. Please consult the formulary. Mail order available on maintenance medications only for 90 days supply.

²All Out-of-Network charges are subject to Usual and Customary charge reductions. 0% In-Network coinsurance plans will incur 30% coinsurance when providers are used. 10% plans will incur 40% coinsurance out-of-network. 20% & 30% coinsurance plans will incur 50% coinsurance out-of-network.

*100% plans have \$0 out-of-pocket maximum for In-Network services; out-of-pocket maximum for Out-of-Network services is \$6,250.

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.

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