Cox DirectCare
Benefit Summary

Cox HealthPlans
CoxHealth

Plan Features	In-Network *Member is responsible for:*		Out-of-Network *Member is responsible for:*
Essential Benefits	Unlimited		
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 *(does not include deductible)* *Family Maximum = 2x Individual*	$2500, $3000, $4000, $5000 or $10,000*		2.5× in-network*
Coinsurance Percentage Options	0%, 10%, 20% or 30%		30%(0%), 40%(10%), 50%(20% or 30%)[2]
Wellness Program *Employee Level 1*	$0		$0
Accident Benefit *$1000 maximum per person per calendar year*	$0		$0
Dental Benefit *Preventive Coverage*	$0		$0
Vision Benefit *Preventive Coverage*	$0		$0
Employee Assistance Program	$0		$0
Inpatient Hospitalization	Coinsurance		Deductible & Coinsurance[2]
Outpatient Hospital Services	Coinsurance		Deductible & Coinsurance[2]
Physician Office Visit—*includes all services billed through office*	$30 unlimited visits (eVisits–$10)		Deductible & Coinsurance[2]
Urgent Care Services	$75 Copay		Deductible & Coinsurance[2]
Emergency Room Services	Coinsurance		Deductible & Coinsurance[2]
Ambulance	Coinsurance		Deductible & Coinsurance[2]
Immunizations—*as mandated by PHSA Section 2713*	$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**	
Tier 1– Most Generics[1] (30-day supply)	$10 Copay	$5 Copay	50%
Pharmacy Deductible Options *(Applies to Tiers 2, 3, & 4 only)*	$0, $100, $250, $500, $1000 or $2000		
Tier 2 – Preferred Brand (30-day supply)	$35 Copay	$25 Copay	50%
Tier 3 – Non-Preferred Brand Name (30-day supply)	$75 Copay	$50 Copay	50%
Tier 4 – Specialty (30-day supply)	$100 Copay	N/A	N/A

[1]Generics could fall into any tier. Please consult the formulary. Mail order available on maintenance medications only for 90 days supply.
[2]All Out-of-Network charges are subject to Usual and Customary charge reductions.
*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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