



Ozark School District



Medical Plan Comparison Effective 7/1/2024

	Option 1		Option 2	
Insurance Company	Cox Health Plans		Cox Health Plans	
Plan Name	Partners 80 PPO		EPO (HDHP) HSA	
Network	Cox Health Plans PPO Network (First Health Out of Local Area)		Cox Health Plans EPO Network & Barnes (NO OUT OF NETWORK BENEFITS EXCEPT FOR EMERGENCY)	
	In-Network	Out-of Network	In-Network	Out-of Network
Deductible	\$1,500 (\$4,500)	\$3,000 (\$9,000)	\$4,000 (\$8,000)	N/A
Co-Insurance	80%	50%	100%	N/A
Out-of Pocket Maximum	All deductible, copays and coinsurance count toward out of pocket maximum		All deductible, copays and coinsurance count toward out of pocket maximum	
Individual (Family)	\$4,000 (\$9,500)	\$9,250 (\$21,500)	\$4,000 (\$8,000)	N/A
Doctor Co-Pay				
Primary Care	\$30 Copay	50% after deductible	100% after deductible	N/A
Specialist	\$30 Copay	50% after deductible	100% after deductible	N/A
Lab				
Physician's Office	80% after deductible	50% after deductible	100% after deductible	N/A
Facility/Hospital	80% after deductible	50% after deductible	100% after deductible	N/A
X-ray				
Physician's Office	80% after deductible	50% after deductible	100% after deductible	N/A
Facility/Hospital	80% after deductible	50% after deductible	100% after deductible	N/A
Preventive Care				
Physician's Office	100% for federally mandated	100% for federally mandated	100% for federally mandated	N/A
Facility/Hospital	100% for federally mandated	100% for federally mandated	100% for federally mandated	N/A
Urgent Care	\$75 Copay	50% after deductible	100% after deductible	N/A
Emergency Room	\$200 Copay	\$200 Copay	100% after deductible	N/A
Prescription Drug				
Retail (up to 30 Day Supply)	\$10/\$35/\$75/\$100 after \$100 Rx Deductible	50% of network allowed amount	100% after deductible	N/A
Mail Order (Up to 90 Day Supply)	2.5 X Retail Copay	Not Covered	100% after deductible	N/A
	Cost Per Pay Period (20 Pay)	Cost Per Pay Period (24 Pay)	Cost Per Pay Period (20 Pay)	Cost Per Pay Period (24 Pay)
Employee	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Spouse	\$421.20	\$351.00	\$340.20	\$283.50
Employee/Child(ren)	\$280.80	\$234.00	\$226.20	\$188.50
Family	\$762.60	\$635.50	\$615.00	\$512.50

This is only an illustrative description of benefits prepared by BPJ. Please consult the plan documents for specific coverages.