COX HEALTHPLANS
CoxHealth

Benefit Summary
Cox Health Systems Insurance Company
for Ozark Schools
PPO Group Health Plan

HDHP 100% $4000 | PPO

Covered Services	In-Network	Out-Of-Network
Essential Health Benefits	Unlimited	
Lifetime Maximum Benefit	Unlimited	
Deductible		
Per Covered Person	$4,000	$8,000
Per Family	$8,000	$16,000
Annual Maximum Out-of-Pocket	**(Including all Deductibles and Coinsurance)**	
Per Covered Person	$4,000	$12,000
Per Family	$8,000	$24,000
Physician Services		
Primary Care Physician (PCP) Office Visit/Telemedicine	0%* Coins	30%* Coins MAA**
Specialty Care Physician (SCP) Office Visit/Telemedicine	0%* Coins	30%* Coins MAA**
Physician Services not received in an office setting	0%* Coins	30%* Coins MAA**
Diagnostic Laboratory, Imaging and Radiology	0%* Coins	30%* Coins MAA**
Inpatient Hospitalization	0%* Coins	30%* Coins MAA**
Outpatient Hospital Services	0%* Coins	30%* Coins MAA**
Hospital Emergency Room Services	0%* Coins	
Urgent Care Facility	0%* Coins	30%* Coins MAA**
Urgent Care Physician Services	0%* Coins	30%* Coins MAA**
Emergency Ambulance Services	0%* Coins	
Maternity & Childbirth Expenses	0%* Coins	30%* Coins MAA**
Preventive Health Services (Ages 0 to adult)		
Services with an "A" or "B" rating from the U.S. Preventive Services Task Force as mandated by PHSA Section 2713	$0	30%* Coins MAA**
Additional preventive services or treatments not mandated by PHSA Section 2713	0%* Coins	30%* Coins MAA**
Preventive Health Services for Children and Adolescents		
Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration	$0	30%* Coins MAA**
Physician office visits and laboratory tests associated with preventive checkups	$0	30%* Coins MAA**
Preventive Services for Adults		
Preventive care and screenings for women supported by the Health Resources and Services Administration	$0	30%* Coins MAA**
Immunizations Ages 0 to Adult (per immunization)		
As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713, and as specified by the MO Department of Health and Senior Services regulations	$0	30%* Coins MAA**
Additional immunizations not mandated by PHSA Section 2713, or the MO Department of Health and Senior Services regulations	0%* Coins	30%* Coins MAA**
Home Health Care	0%* Coins	30%* Coins MAA**
Skilled Nursing Facility	0%* Coins	30%* Coins MAA**
Hospice Care	0%* Coins	30%* Coins MAA**
Durable Medical Equipment	0%* Coins	30%* Coins MAA**
Disposable Medical Supplies	0%* Coins	30%* Coins MAA**
Prosthetics	0%* Coins	30%* Coins MAA**
Orthotics	0%* Coins	30%* Coins MAA**
Chiropractic Services (Spinal Manipulation)	**Prior Authorization required for office visits in excess of 26 per benefit year**	
Office Visit	0%* Coins	30%* Coins MAA**
Other Services	0%* Coins	30%* Coins MAA**

Covered Services	In-Network		Out-Of-Network
Therapy Services (Not Including Chiropractic Services)****			
Physical Therapy	0%* Coins		30%* Coins MAA**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Occupational Therapy	0%* Coins		30%* Coins MAA**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Speech Therapy	0%* Coins		30%* Coins MAA**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Autism Spectrum Disorder (ASD) Services	**Benefits are based on the setting in which Covered Services are Received *******		
No limit to the number of visits for prior authorized ASD Services. The Therapy Services Annual Benefit of 60 visits does not apply to Autism Spectrum Disorder.			
Applied Behavior Analysis (ABA), Requires prior authorization	0%* Coins		30%* Coins MAA**
No limit to the number of visits for prior authorized ABA. The Therapy Services Annual Benefit of 60 visits does not apply to Applied Behavioral Analysis.			
Dental Services (only related to accidental injury or for certain members requiring general anesthesia)	0%* Coins		30%* Coins MAA**
Mental Illness/Substance Use Disorder Services			
Office Visit	0%* Coins		30%* Coins MAA**
Other Services	0%* Coins		30%* Coins MAA**
Outpatient Treatment	0%* Coins		30%* Coins MAA**
Hospital Inpatient Treatment	0%* Coins		30%* Coins MAA**
Residential Treatment	0%* Coins		30%* Coins MAA**
Covered Education	0%* Coins		30%* Coins MAA**
Outpatient Prescription Drugs******	**Retail (30 day supply)**	**Mail*****	**Out-Of-Network**
Prescription Drug Deductible	$4000 Medical Deductible		
Tier 1 - Most Generics (30 day supply)	0%* Coins	0%* Coins	30%* Coins MAA**
Tier 2 - Preferred Brand (30 day supply)	0%* Coins	0%* Coins	30%* Coins MAA**
Tier 3 - Non-Preferred Formulary Brand (30 day supply)	0%* Coins	0%* Coins	30%* Coins MAA**
Tier 4 - Specialty Formulary Brand (30 day supply)	0%* Coins	Not available	Not available
Tier 5 - Preventive	$0	$0	Not available

* Coinsurance applies after Deductible is met.

** MAA is used as an abbreviation for Maximum Allowable Amount.

*** Mail order available on maintenance medications only for a 90 day supply (Copay will be 2.5x Retail)

****Copays/Coinsurance for Physical Therapy and Occupational Therapy will not exceed the physician office visit once the deductible is met.

***** Coverage for the diagnosis and treatment of Autism Spectrum Disorders will not be subject to any greater Deductible/Co-pay/Co-insurance than is applicable to other physical health care services covered by this Plan.

****** If a Provider, Pharmacy, or any third party payer waives, discounts, reduces, or indirectly pays the required cost sharing for a particular claim; the waived portion, discounted portion, reduced portion, or indirectly paid portion of the cost share will not apply to or reduce any Deductible or Out-of-Pocket applicable to the Plan.

This is only a brief summary of benefits, which is not intended to be comprehensive. Your Certificate of Coverage is the governing document for benefit information.