Cox HealthPlans Gold Preferred American IndianIndividual EPO Plan Benefit Summary



The Covered Services described in the Benefit Schedule are subject to the conditions, limitations and exclusions of the Contract. Benefits are limited to services provided by In-Network Providers, except for Emergency Services and certain Mental Health office sessions'.

Services provided by Out-of-Network Providers are not covered, except as specifically authorized. Please see the Covered Services section of your plan document for further information.

Plan Features	In-Network Member is responsible for:
Essential Health Benefits	Unlimited
Lifetime Maximum Benefit	Unlimited
Deductible	
Per Covered Person	\$0
Per Family	\$0
Annual Maximum Out-of-Pocket (Including Deductible and Co-pay / Co-insurance	e / Costshare)
Per Covered Person	\$0
Per Family	\$0
Physician Services	· ·
Primary Care Physician (PCP) Office Visit/Telemedicine	\$0 Co-pay
Specialty Care Physician (SCP) Office Visit/Telemedicine	0%** Co-ins
Physician Services not received in an office setting	0%** Co-ins
Preventive Health Services	V/0 CO III3
Services with an "A" or "B" rating from the U.S. Preventive Services Task Force	¢n.
as mandated by PHSA Section 2713	\$0
Additional preventive services or treatments not mandated by PHSA Section 2713	0%** Co-ins
Preventive Services for Children and Adolescents	
Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration	\$0
Physician office visits and laboratory tests associated with preventive check	ups
Preventive Services for Adults	\$0
Preventive care and screenings for women supported by the Health Resources and Services Administration	\$0
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 provided by Department of Health & Senior Services regulations	\$0
Additional immunizations not mandated by PHSA Section 2713	\$0 Co-pay
npatient Hospital Services	
Physician Services	0%** Co-ins
Hospitalization	0%** Co-ins
Maternity and Newborn Care	0%** Co-ins
Human Organ Transplant	0%** Co-ins
Transportation and Lodging	0%** Co-ins
Unrelated Donor Search	0%** Co-ins
	0%** Co-ins
Skilled Nursing Services - Inpatient, and Physical Medicine and Rehabilitation	150 Inpatient days per Benefit Year Combined
Outpatient Services	
Emergency Services	0%** Co-ins
Urgent Care Services	0%** Co-ins
Outpatient Surgery & Procedures	0%** Co-ins
Rehabilitation and Habilitative	
Physical Therapy and Manipulation Therapy*** (not including Chiropractic Services)	0%** Co-ins
	20 visits per Benefit Year (not including Autism/Applied Behavioral Analysis)
Occupational Therapy***	0%** Co-ins
	20 visits per Benefit Year (not including Autism/Applied Behavioral Analysis)
Consult Thomas	0%** Co-ins
Speech Therapy	Unlimited

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Mail Order (90 day supply)	Specialty Formulary Brand/Non-Formulary, Tier 4 (30 day supply)	0%** Co-ins
	Mail Order (90 day supply)	2.5x

- U&C is used as an abbreviation for Usual and Customary.
- ** Co-pays/ Co-insurance/ Costshare applies after Deductible is met.
- ***Co-pays/ Co-insurance/ Costshare for Physical Therapy or Occupational Therapy will not exceed the physician office visit once the Deductible is met.
- Covered Services include 2 Mental Health sessions per Calendar Year for the diagnosis or assessment of Mental Illness to an Out-of-Network Provider acting within the scope of their license.
- ² Coverage for the diagnosis and treatment of Autism Spectrum Disorders will not be subject to any greater Deductible/ Co-pay/ Co-insurance/ Costshare than is applicable to other physical health care services, mental health, or substance abuse services covered by this Plan.
- ³ If a Provider, Pharmacy, or any third party payer waives, discounts, reduced, 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 plan will not impose any financial requirement on Mental health or Substance use disorder benefits that is more restrictive than the predominant financial requirement that applies to substantially all Mental health or Substance use disorder benefits in the classification or sub-classification.

All Plans Are Qualified Health Plans

(Plans Available Beginning: 1/1/2024)