Cox HealthPlans Silver Select 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'.

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

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Cardiac Rehabilitation	0%** Co-ins
	36 visits per Benefit Year
Pulmonary Rehabilitation	0%** Co-ins
	20 visits per Benefit Year
Chiropractic Services	0%** Co-ins
	Prior authorization required for office visits in excess of 26 per Benefit Year
Diagnostic Laboratory, Imaging and Radiology	0%** Co-ins
Home Health Care	0%** Co-ins
	100 visits per Benefit Year
Private Duty Nursing	0%** Co-ins
H-mi-	82 visits per Benefit Year, 164 visits Lifetime Maximum
Hospice	0%** Co-ins
Ambulance Services	0%** Co-ins
Educational Services	0%** Co-ins
Durable Medical Equipment	0%** Co-ins
Orthotics	0%** Co-ins
Disposable Medical Supplies	0%** Co-ins
Prosthetics	0%** Co-ins
Mental Health Services	
Mental Health Office Visit	0%** Co-ins
Mental Health Services not received in an office setting	0%** Co-ins
Hospital Inpatient/Residential Treatment	0%** Co-ins
Substance Abuse	
Outpatient Annual Maximum Benefit (unlimited)	0%** Co-ins
Inpatient/Residential Annual Maximum (unlimited)	0%** Co-ins
Medical or Social Setting Detox Annual Max (unlimited)	0%** Co-ins
Dental Services (only related to accidental injury or for certain members requiring general anesthesia)	0%** Co-ins
Pediatric Dental (dependent children through age 18)	
Dental Exam	0%** Co-ins
Basic Dental Care	0%** Co-ins
Major Dental Care	0%** Co-ins
Orthodontia (requires prior authorization)	0%** Co-ins
Pediatric Vision (dependent children through age 18)	
Routine Eye Exam (1 visit per Calendar Year)	0%** Co-ins
Eye Glasses (1 pair standard eyeglass lenses or contact lenses per Calendar Year) (1 standard frame per Calendar Year)	0%** Co-ins
Autism Services	Benefits are based on the setting in which Covered Services are Received ²
Applied Behavior Analysis (ABA)	0%** Co-ins
Requires prior authorization	0%*** Co-ins
Pharmacy Services ³	Retail (30 day supply)
Deductible	\$0
Generic (most), Tier 1 (30 day supply)	0%** Co-ins
Preferred Brand, Tier 2 (30 day supply)	0%** Co-ins
Other Brand/Non-Formulary, Tier 3 (30 day supply)	0%** Co-ins
Specialty Formulary Brand/Non-Formulary, Tier 4 (30 day supply)	\$0 Co-pay
Mail Order (90 day supply)	2.5×

- 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.
- 1 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.
- 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 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)