

***Individual EPO Plans
Benefit Summary 2026***

THINKING HEALTH FORWARD



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Benefit Plan	Deductible		Annual Maximum Out-of-Pocket <i>(includes all deductibles, co-pays and co-insurance)</i>		Co-insurance	Office Visit			Pediatric Dental ¹	Emergency Room	Urgent Care	Pharmacy Services			
	Per Covered Person	Per Family	Per Covered Person	Per Family		Primary Care Physician	Specialty Care Physician	Preventive Services				Generic (most)	Preferred Brand	Other Brand/ Non-Formulary	Brand/ Non-Formulary
Bronze															
Cox HealthPlans Bronze Preferred	\$10,600	\$21,200	\$10,600	\$21,200	0%	0%	0%	No Cost to You	0%	0%	0%	0%*	0%*	0%*	0%*
Cox HealthPlans Bronze Expanded Standard	\$7,500	\$15,000	\$10,000	\$20,000	50%	\$50	\$100	No Cost to You	50%	50%	\$75	\$25	\$50*	\$100*	\$500*
Silver															
Cox HealthPlans Silver Connect	\$6,500	\$13,000	\$10,600	\$21,200	30%	\$40	\$75	No Cost to You	30%	\$200 Co-pay after Deductible	\$100	\$25	\$60	30%*	30%*
Cox HealthPlans Silver Connect (73% CSR)	\$6,000	\$12,000	\$7,000	\$14,000	30%	\$20	\$45	No Cost to You	30%	\$150 Co-pay after Deductible	\$75	\$20	\$45	30%*	30%*
Cox HealthPlans Silver Connect (87% CSR)	\$1,500	\$3,000	\$3,000	\$6,000	30%	\$10	\$30	No Cost to You	30%	\$100 Co-pay after Deductible	\$50	\$0	\$25	30%*	30%*
Cox HealthPlans Silver Connect (94% CSR)	\$500	\$1,000	\$1,250	\$2,500	30%	\$5	\$20	No Cost to You	30%	\$75 Co-pay after Deductible	\$25	\$0	\$25	30%*	30%*
Cox HealthPlans Silver Preferred	\$5,500	\$11,000	\$10,600	\$21,200	50%	\$35	50%	No Cost to You	50%	50%	50%	\$0	50%*	50%*	50%*
Cox HealthPlans Silver Preferred (73% CSR)	\$3,500	\$7,000	\$7,000	\$14,000	50%	\$35	50%	No Cost to You	50%	50%	50%	\$0	50%*	50%*	50%*
Cox HealthPlans Silver Preferred (87% CSR)	\$750	\$1,500	\$3,000	\$6,000	40%	\$20	40%	No Cost to You	40%	40%	40%	\$0	40%*	40%*	40%*
Cox HealthPlans Silver Preferred (94% CSR)	\$0	\$0	\$2,000	\$4,000	20%	\$5	20%	No Cost to You	20%	20%	20%	\$0	20%*	20%*	20%*
Cox HealthPlans Silver Standard	\$6,000	\$12,000	\$8,900	\$17,800	40%	\$40	\$80	No Cost to You	40%	40%	\$60	\$20	\$40	\$80*	\$350*
Cox HealthPlans Silver Standard (73% CSR)	\$3,000	\$6,000	\$7,400	\$14,800	40%	\$40	\$80	No Cost to You	40%	40%	\$60	\$20	\$40	\$80*	\$350*
Cox HealthPlans Silver Standard (87% CSR)	\$700	\$1,400	\$3,300	\$6,600	30%	\$20	\$40	No Cost to You	30%	30%	\$30	\$10	\$20	\$60*	\$250*
Cox HealthPlans Silver Standard (94% CSR)	\$0	\$0	\$2,200	\$4,400	25%	\$0	\$10	No Cost to You	25%	25%	\$5	\$0	\$15	\$50	\$150
Gold															
Cox HealthPlans Gold Preferred	\$1,000	\$2,000	\$10,600	\$21,200	40%	\$25	40%	No Cost to You	40%	37%	40%	\$0	40%*	40%*	40%*
Cox HealthPlans Gold Standard	\$2,000	\$4,000	\$8,200	\$16,400	25%	\$30	\$60	No Cost to You	25%	25%	\$45	\$15	\$30	\$60	\$250

The benefit details are a summary for informational and comparison purposes only. Please review the Individual Health Plan EPO Policy for a detailed description of benefits, co-pays, co-insurance, deductibles, limitations and exclusions. The summary of benefits is based on in-network providers, and member cost shares may be more for services received from an out-of-network provider.

Percentages demonstrate member's responsibility (after deductible is met).

*Co-pay or Co-insurance after Medical Deductible.

¹Dependent children through age 18.