



Benefit Summary
Cox Health Systems Insurance Company
for Ozarks Technical Community College
PPO Group Health Plan

Copay Plan

Benefits	IN NETWORK	OUT OF NETWORK	
ESSENTIAL BENEFITS		Unlimited	
LIFETIME MAXIMUM		Unlimited	
DEDUCTIBLE			
Per Covered Person	\$1,000	\$1,000	
Per Family	\$2,000	\$2,000	
OUT-OF-POCKET MAXIMUM (Includes Medical copays/coinsurance and Rx deductibles/copays; excludes Medical deductible)			
Per Covered Person	\$2,000	\$4,000	
Per Family	\$4,000	\$8,000	
PHYSICIAN SERVICES			
Office Visit or eVisit	\$50/ eVisit=\$10	40% U&C*	
<i>Co-pay for the Office Visit or eVisit charge. All other services subject to Deductible and Coinsurance.</i>			
Physician Services not received in an office setting	20%	40% U&C*	
DIAGNOSTIC X-RAY, LAB, ECHO, EEG, EKG, PATHOLOGY			
	20%	40% U&C*	
INPATIENT HOSPITALIZATION	20%	40% U&C*	
OUTPATIENT HOSPITAL SERVICES	20%	40% U&C*	
HOSPITAL EMERGENCY ROOM SERVICES	\$200 Copay	\$200 Copay	
URGENT CARE FACILITY	\$100 Copay	40% U&C*	
URGENT CARE PHYSICIAN	\$100 Copay	40% U&C*	
AMBULANCE SERVICES	20%	20%	
MATERNITY & CHILDBIRTH EXPENSES	20%	40% U&C*	
PREVENTIVE HEALTH SERVICES (Ages 0 to Adult)			
Services recommended by the U.S. Preventive Services Task Force as mandated by PHSA Section 2713	\$0	40% U&C*	
Additional preventive services or treatments not mandated by PHSA Section 2713	20%	40% U&C*	
Preventive Services for Children and Adolescents			
Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration	\$0	40% U&C*	
Physician office visits and laboratory tests associated with preventive	\$0	40% U&C*	
Preventive Services for Adults			
Preventive care and screenings for women supported by the Health Resources and Services Administration	\$0	40% U&C*	
Immunizations Ages 0 to Adult (per immunization)			
As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713	\$0	\$12 Copay	
Additional immunizations not mandated by PHSA Section 2713	\$12 Copay	\$12 Copay	
HOME HEALTH CARE	20%	40% U&C*	
SKILLED NURSING FACILITY	20%	40% U&C*	
HOSPICE CARE	20%	40% U&C*	
DURABLE MEDICAL EQUIPMENT	20%	40% U&C*	
DISPOSABLE MEDICAL SUPPLIES	20%	40% U&C*	
PROSTHETICS	20%	40% U&C*	
ORTHOTICS	40%	40% U&C*	
CHIROPRACTIC SERVICES	Copay covers only cost of office visit		
Office Visit	\$50	40% U&C*	
Other services	20%	40% U&C*	
	Annual Benefit of 26 visits without prior authorization		
DENTAL ANESTHESIA	20%	40% U&C*	
MENTAL ILLNESS / SUBSTANCE USE DISORDER SERVICES	Copay covers only cost of office visit		
Office Visit	\$40	40% U&C*	
Other services	20%	40% U&C*	
Outpatient Treatment	20%	40% U&C*	
Hospital Inpatient Treatment	20%	40% U&C*	
Residential Treatment	20%	40% U&C*	
COVERED EDUCATION	20%	40% U&C*	
OUTPATIENT PRESCRIPTION DRUGS	\$100 Deductible		
	<i>Retail</i>	<i>Mail</i> ¹	
Tier 1 - Most Generics (30 day supply)	\$10	2.5x Retail Copay	40% U&C*
Tier 2 - Preferred Brand (30 day supply)	\$30	2.5x Retail Copay	40% U&C*
Tier 3 - Non-Preferred Formulary Brand (30 day supply)	\$50	2.5x Retail Copay	40% U&C*
Tier 4 - Specialty Formulary Brand (30 day supply)	\$100	Not Available	Not available

* U & C is used as an abbreviation for Usual and Customary.

¹Mail order available on maintenance medications only for 90 days supply.

**The Office Visit Co-Pay will be \$50 and only covers the doctor's charges.

Other charges will be applied to deductible and coinsurance.

"You Pay"	
EE	\$50.00 **
ES	\$605.00 **
EC	\$253.00 **
FA	\$843.00 **

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