

Cox Health Plans

Ozarks Technical Community College

2025 MEDICAL COVERAGE/RATE COMPARISON - Employee Monthly Premiums

	Base Plan		High Deductible Plan**	
	In-Network	Out of Network	In-Network	Out of Network
Individual Deductible	\$1,000	\$2,000	\$1,650	\$3,300
Family Deductible	\$2,000	\$4,000	\$3,300	\$6,600
Individual Maximum Out of Pocket*	\$4,000	\$9,500	\$5,000	\$10,000
Family Maximum Out of Pocket*	\$8,000	\$19,000	\$10,000	\$20,000
Coinsurance	20%	50%	20%	40%
	Embedded Deductible		Aggregate (Non-Embedded) Deductible***	
Physician Services	ded + 20%	ded + 50%	ded + 20%	ded + 40%
Specialist Services	ded + 20%	ded + 50%	ded + 20%	ded + 40%
Inpatient Hospital	ded + 20%	ded + 50%	ded + 20%	ded + 40%
Outpatient Hospital	ded + 20%	ded + 50%	ded + 20%	ded + 40%
Urgent Care	\$100	ded + 50%	ded + 20%	ded + 40%
Emergency Room	\$300		ded + 20%	
Prescription Drug Deductible	\$100		Medical Deductible Applies	
Prescription Drug Card	10/30/50/100	ded + 50%	ded + 20%	ded + 40%
Preferred Providers	Cox Network		Cox Network	
<p>The employee cost is \$0 for the Base and High Deductible Plan if they complete the Annual Wellness Initiative as outlined by Human Resources. Those who do not complete their Annual Wellness Initiative by December 31st, will pay up to \$150 per month for their medical insurance.</p>				
Monthly Rates:	Employee	OTC	Employee	OTC
Employee	\$0.00	\$683.00	\$0.00	\$569.00
Employee/Spouse	\$578.00	\$846.00	\$484.00	\$730.00
Employee/Children	\$214.00	\$755.00	\$180.00	\$629.00
Family	\$824.00	\$958.00	\$688.00	\$799.00

* The Maximum Out of Pocket amounts illustrated above include ALL deductibles, coinsurance and copays (medical and prescription).

** \$114.00/mo Contribution to Health Savings Account.

*** The HDHP deductible is aggregate (non-embedded), and the out of pocket is embedded per ACA guidelines.

Therefore, should one person in a family unit be incurring more claims than the other family members, that person would be subject to the family deductible (\$3,300), but only the single out of pocket maximum (\$5,000).

THIS IS A SUMMARY OF COVERAGE for illustrative purposes only.

Please refer to your Cox HealthPlans Schedule of Benefits and corresponding Certificate of Coverage for plan details.