





Cox HealthPlans Advantages

NETWORK

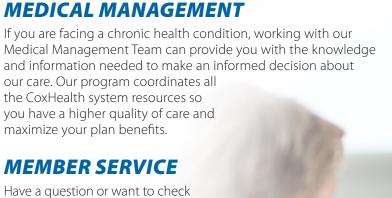
CoxHealth offers more than 550 physicians at 80 clinics and hospital facilities in Southwest Missouri. Further expanding specialty access, specific providers at Washington University and Barnes-Jewish Hospital are available in-network.

PHARMACY

Prescriptions are important to maintain health, whether for preventive use or therapy maintenance. Utilize our large network of pharmacies, including CoxHealth Pharmacy, conveniently placed next to CoxHealth Hospitals, Urgent Care locations, and Clinics.

HEALTH RISK ASSESSMENT

Stay on top of your health by reviewing possible health risk factors you may be facing. Cox HealthPlans will connect you with health resources for your specific needs so you can focus on the best management of your health.



Have a question or want to check a claim? Claims information is available 24/7 through the Benefits Portal. Member Service Representatives are available by phone, secure email through the Benefits Portal, or secure Online Chat on thinkinghealthforward.com, Monday-Friday, 8am-5pm.





Healthcare Utilization Management

PRIMARY CARE PHYSICIANS

Establishing and connecting with a primary care physician is essential to staying healthy through identifying risk factors and helping manage chronic issues if needed. Finding a CoxHealth Primary Care Provider and scheduling appointments is easier than ever before. The online provider search allows members to filter and find the best match for your needs. For additional assistance, members can also call (417) 269-INFO.



FIND THE CARE THAT'S RIGHT FOR YOU, RIGHT AWAY

When you can't wait for an appointment with your health care provider, we're here for you with virtual visits, walk-in clinics, urgent care, and emergency care. Not sure what level of care you need? Review this chart to help you decide.

Right Care | Right Now

VIRTUAL VISITS	PRIMARY CARE	X WALK-IN CLINICS	URGENT CARE	URGENT CARE PLUS	911 EMERGENCY ROOM
\$ \$\$\$\$	\$\$\$\$\$	\$\$ \$\$\$	\$\$\$\$\$	\$\$\$\$\$	\$\$\$\$\$

Access care from your mobile device or computer. Visit coxhealth.com/ virtualvisits.

Primary & Specialty Care Schedule a visit with your provider to get started. Appointment times vary.

On Demand

For patients over 2 years old. Visit with the first available provider. Monday-Friday 8 a.m.-8 p.m. Saturday-Sunday 10 a.m.-4 p.m.

Your first line of defense in managing overall health, our clinics offer sameday appointments for many conditions. We're welcoming new patients.

417-269-INFO

Receive treatment for minor illnesses and injuries and routine care, including:

- Allergies
- Colds and flu
- Sports physicals
- Upper respiratory infections
- Urinary tract infections

Orthopedic and **Sports Injury**

Sports physicals, X-rays

- Concussions
- Dislocations
- Fractures

Access immediate care for conditions that are not life-threatening:

- Fractures
- Lacerations
- Urine flu and strep testing
- Injuries or conditions requiring X-ray
- Conditions treated by primary care providers, Virtual Visits and Walk-In Clinics

Dedicated pediatric and adult centers

We provide immediate care for all conditions treated at our Urgent Care facilities, as well as:

- Abdominal pain Patients under 60 years of age
- Diarrhea
- Injuries or conditions requiring CT or ultrasound scans
- Vomiting

Visit our emergency department if you're experiencing any of these serious and life threatening conditions:

- Behavioral issues requiring admission
- Coughing up or vomiting blood
- Heart issues, including irregular heart rate
- High fever with stiff neck, mental confusion or difficulty breathing
- Major trauma
- Stroke-like symptoms

SAVE MY SPOT

Spend less time waiting in line while feeling under the weather. Save your Spot at any CoxHealth Urgent Care or Walk-In location to schedule convenient care around your busy schedule.





S Coverage Details and Terminology

MEDICAL TERMINOLOGY



Monthly Premium is the amount you pay per month for your health plan. Monthly premium payment options are Automatic Bank Draft, credit/debit card, or a monthly billing statement.

Annual Deductible is the amount you pay for health care services.

Coinsurance is the percentage you pay (after your deductible and copayment) of the allowed amount for a health care service.

Copayment is a fixed amount (for example, \$30) you pay for a covered health care service, usually at the time of service. The amount can vary by the type of covered health care service. The copayment does not apply to any Deductible or Coinsurance that you are required to pay.

Out-of-Pocket costs are the expenses you pay for your health care that aren't reimbursed by your insurance plan. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services. This limit does not include your premium, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits.

PLAN COVERAGE HIGHLIGHTS

DOCTOR VISITS - It's important to see the doctor every year for your annual physical. But what about all the times you and your family might get sick during the year, especially if you have kids in school?



It's also important to remember that specialists are often required in today's world of medical care. If you have a specific medical situation, you may need to see a specialist to get the peace-of-mind that your health concern is being treated well.

Take notice, only certain health plans have a copayment for doctor visits, while other plans are subject to deductible and/or coinsurance. This is an important factor to weigh against your health needs and your monthly premium costs.









Qualified Health Plans













HOSPITAL STAY - Protection for a hospitalization is one of the primary benefits of having a health plan. There could be times you have a planned, routine procedure that requires a brief hospital stay. All of our plans provide coverage for hospital stays. This should factor in with other health services—against your monthly premium and deductible—as you determine the best plan for you and your family.

EMERGENCY CARE - You never want to go to the emergency room, but accidents and sudden illnesses do happen. For this reason, it's nice to know you have coverage if you need it. Cox HealthPlans provides coverage for urgent and emergent care. Emergency care is typically covered at a higher cost.



PLAN BENEFITS CHECKLIST



Preventive Care



Office Visits



Prescription Coverage



Hospital Service



Emergency and Urgent Care



Out-of-Pocket Maximums Include Deductible, Copays and Coinsurance



CoxHealth Facilities & Providers



Barnes-Jewish Hospital Facility



Benefit Overview

ENROLL FOR COVERAGE

Compare plans, get a quote, and enroll or renew at **thinkinghealthforward.com**. The step-by-step tool helps determine if you qualify for a subsidy to reduce your monthly premium.

Benefit Plan	Dedu	ctible	Annual Maximum Out-of-Pocket (includes all deductibles, co-pays and co-insurance)		Co- insurance	
	Per Covered Person	Per Family	Per Covered Person	Per Family	mourance	
Bronze						
Bronze Preferred \$9,200 Deductible	\$9,200	\$18,400	\$9,200	\$18,400	0%	
Bronze Expanded Standard \$7,500 Deductible	\$7,500	\$15,000	\$9,200	\$18,400	50%	
Silver						
Silver Connect 9 \$6,000 Deductible	\$6,000	\$12,000	\$7,000	\$14,000	30%	
Silver Connect 9.4 (73% CSR) \$5,000 Deductible	\$5,000	\$10,000	\$6,250	\$12,500	30%	
Silver Connect 9.5 (87% CSR) \$1,300 Deductible	\$1,300	\$2,600	\$2,500	\$5,000	30%	
Silver Connect 9.6 (94% CSR) \$200 Deductible	\$200	\$400	\$1,000	\$2,000	30%	
Silver Preferred \$3,500 Deductible	\$3,500	\$7,000	\$7,900	\$15,800	50%	
Silver Preferred (73% CSR) \$3,500 Deductible	\$3,500	\$7,000	\$6,000	\$12,000	50%	
Silver Preferred (87% CSR) \$500 Deductible	\$500	\$1,000	\$2,750	\$5,500	40%	
Silver Preferred (94% CSR) \$0 Deductible	\$0	\$0	\$1,500	\$3,000	20%	
Silver Standard \$5,000 Deductible	\$5,000	\$10,000	\$8,000	\$16,000	40%	
Silver Standard (73% CSR) \$3,000 Deductible	\$3,000	\$6,000	\$6,400	\$12,800	40%	
Silver Standard (87% CSR) \$500 Deductible	\$500	\$1,000	\$3,000	\$6,000	30%	
Silver Standard (94% CSR) \$0 Deductible	\$0	\$0	\$2,000	\$4,000	25%	
Gold						
Gold Preferred \$500 Deductible	\$500	\$1,000	\$7,500	\$15,000	40%	
Gold Standard \$1,500 Deductible	\$1,500	\$3,000	\$7,800	\$15,600	25%	

DISCLOSURES

The benefit details are a summary for informational and comparison purposes only. Please review the Certificate of Coverage for a detailed description of benefits, co-pays, co-insurance, deductibles, limitations and exclusions. The summary of benefits are 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).

Commission Disclosure: Contracted and Appointed agents receive \$20 per member per month (PMPM) commission for the sale of this product.

¹Dependent children through age 18.

Qualified Health Plans











Office Visit			Pediatric	Emergency	Urgent	Pharmacy Services				
Primary Care Physician	Specialty Care Physician	Preventive Services	Dental ¹	Room	Care	Deductible	Generic (most), Tier 1	Preferred Brand, Tier 2	Other Brand/ Non-Formulary, Tier 3	Brand/ Non-Formulary, Tier 4
0%	0%	No Cost to You	0%	0%	0%	Medical Deductible (Tier 1-4)	0%	0%	0%	0%
\$50	\$100	No Cost to You	50%	50%	\$75	Medical Deductible (Tier 2-4)	\$25	\$50	\$100	\$500
\$40	\$75	No Cost to You	30%	\$200 Co-pay after Deductible	\$100	Medical Deductible (Tier 3-4)	\$25	\$60	30%	30%
\$20	\$45	No Cost to You	30%	\$150 Co-pay after Deductible	\$75	Medical Deductible (Tier 3-4)	\$20	\$45	30%	30%
\$10	\$30	No Cost to You	30%	\$100 Co-pay after Deductible	\$50	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
\$5	\$20	No Cost to You	30%	\$75 Co-pay after Deductible	\$25	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
\$20	40%	No Cost to You	40%	40%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
\$5	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 2-4)	\$0	20%	20%	20%
\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
\$20	\$40	No Cost to You	30%	30%	\$30	Medical Deductible (Tier 3-4)	\$10	\$20	\$60	\$250
\$0	\$10	No Cost to You	25%	25%	\$5	\$0	\$0	\$15	\$50	\$150
\$25	40%	No Cost to You	40%	37%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
\$30	\$60	No Cost to You	25%	25%	\$45	\$0	\$15	\$30	\$60	\$250









(417) 269-2959 • (800) 869-1093

Thinking Health Forward.com