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Cox Benefits Biweekly Plan Costs for 2025

Medical Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP[1]	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY[1]
LOW DEDUCTIBLE	$58.04	$217.68	$120.07	$279.71
MEDIUM DEDUCTIBLE	$20.02	$152.56	$44.43	$176.97
HIGH DEDUCTIBLE	$8.61	$97.91	$18.76	$108.06
KAISER[2]	$74.20	$278.28	$206.19	$357.58

Dental Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP[1]	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY[1]
SCHEDULE (BASIC)	$0.51	$1.02	$1.02	$2.04
COMPREHENSIVE	$16.30	$22.08	$22.08	$27.07

Vision Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP[1]	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY[1]
VISION PLAN	$3.75	$5.00	$6.00	$9.25

[1] Coverage for domestic partners is offered post-tax.

[2] This plan is available for employees in California only.

This is intended as an overview. The company reserves the right to change or modify any or all costs shown without prior notice.

BENEFITS AT COX

MEDICAL		LOW[1]	MEDIUM[1]	HIGH[2]	KAISER[4]
Total Annual Deductible	Employee (EE)	$500	$1,000	$2,000	$0
	EE+Spouse/DP	$1,000	$2,000	$3,300	$0
	EE+Child	$1,000	$2,000	$3,300	$0
	EE+Children	$1,500	$3,000	$4,000	$0
	Family	$1,500	$3,000	$4,000	$0
Out-of-Pocket Maximum In-Network	EE	$3,000	$3,500	$4,000	$1,500
	EE+Spouse/DP	$6,000	$7,000	$6,600	$3,000
	EE+Child	$6,000	$7,000	$6,600	$3,000
	EE+Children	$9,000	$10,500	$8,000	$3,000
	Family	$9,000	$10,500	$8,000	$3,000
		LOW OR MEDIUM		HIGH	KAISER[4]
Office Visits & Emergency Room In-Network	Primary Care	$30 copay		20% coinsurance, after deductible	$20 copay
	Specialist	$50 copay		20% coinsurance, after deductible	$20 copay
	ER	$150 copay, then 20% coinsurance after deductible		20% coinsurance, after deductible	$150 copay
	Outpatient Surgery & Procedures	20% coinsurance, after deductible		20% coinsurance, after deductible	$250 copay
	Urgent Care	$50 copay		20% coinsurance, after deductible	$20 copay
	Hospitalization	20% coinsurance, after deductible		20% coinsurance, after deductible	$500 copay
	Ambulance	20% coinsurance, after deductible		20% coinsurance, after deductible	$100 copay
Out-of-Network Services[3]		40% coinsurance, after deductible		40% coinsurance, after deductible	Not covered
PRESCRIPTION DRUGS		LOW OR MEDIUM		HIGH	KAISER[4]
Retail (up to a 30-day supply)	Generic	$10 copay		10% coinsurance, after deductible	$10 copay
	Preferred Brand	20% coinsurance, after deductible		20% coinsurance, after deductible	$35 copay
	Non-Preferred Brand	30% coinsurance, after deductible		30% coinsurance, after deductible	$35 copay
	Specialty	$0 copay, once enrolled in PrudentRx (otherwise 30% coinsurance after deductible)[5]		20% coinsurance, after deductible	20% coinsurance (up to $150 per Rx)
Mail Order (up to a 90-day supply)	Generic	$25 copay		10% coinsurance, after deductible	$20 copay
	Preferred Brand	$90 copay		20% coinsurance, after deductible	$70 copay
	Non-Preferred Brand	$125 copay		30% coinsurance, after deductible	$70 copay

[1] This plan has an individual deductible and out-of-pocket maximum. You only need to meet your individual deductible before the plan pays based on your coinsurance (even if your family maximum hasn't been met). You only need to meet your individual out-of-pocket maximum before the plan pays your covered network expenses at 100% (even if your family maximum hasn't been met). For your family, you pay the individual multiplied by the number of dependents covered (up to a maximum of three).

[2] These are true family deductibles and out-of-pocket maximums. You must meet the deductible listed as a group before the plan pays coinsurance for anyone in your family. For example, if you cover both you and your spouse, you must meet the $3,300 deductible before the plan starts paying coinsurance for either you or your spouse. You must meet the out-of-pocket maximum listed before the plan pays 100% of covered network services for anyone in your family. For example, if you cover both you and your spouse, you must meet the $6,600 maximum before the plan pays 100% of covered network services for either you or your spouse.
NOTE: These maximums only apply to covered in-network services. Out-of-network maximums are double the in-network.

[3] Out-of-network spend will not be applied toward the in-network maximum. See the Summary Plan Description (SPD) for more information.

[4] These amounts only apply to covered in-network services. Out-of-network services and oral surgery are not covered.

[5] Specialty medications are available at no cost for low and medium deductible plan members enrolled in PrudentRx.
NOTE: PrudentRx is not available for the high deductible plan.