Cindy Hill, Cox Enterprises
BJ Burkett, Cox Enterprises

Cox Benefits Biweekly Plan Costs for 2026

Medical Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP[1]	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY[1]
CORE PPO (Highest deductible, lowest premium)	$5.89	$70.70	$12.79	$77.60
HDHP PLUS (High deductible with Health Savings Account)	$9.34	$106.23	$20.35	$117.25
PREMIUM PPO (Lowest deductible, highest premium)	$58.04	$217.68	$120.07	$279.71
KAISER[2]	$92.20	$345.80	$233.41	$444.34

Dental Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP[1]	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY[1]
SCHEDULE (BASIC) (Does not include orthodontia)	$3.44	$6.87	$7.90	$11.68
COMPREHENSIVE (Includes $2,000 lifetime orthodontia per individual)	$16.30	$22.08	$22.08	$28.00

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		CORE PPO[1]	HDHP PLUS[2]	PREMIUM PPO[1]	KAISER[4]
Total Annual Deductible	Employee (EE)	$6,000	$2,000	$800	$0
	EE+Spouse/DP	$9,000	$3,400	$1,600	$0
	EE+Child	$9,000	$3,400	$1,600	$0
	EE+Children	$12,000	$4,000	$2,400	$0
	Family	$12,000	$4,000	$2,400	$0
Out-of-Pocket Maximum In-Network	EE	$7,900	$4,000	$3,250	$1,500
	EE+Spouse/DP	$11,850	$6,800	$6,500	$3,000
	EE+Child	$11,850	$6,800	$6,500	$3,000
	EE+Children	$15,800	$8,000	$9,750	$3,000
	Family	$15,800	$8,000	$9,750	$0
		CORE PPO[1]	**HDHP PLUS[2]**	**PREMIUM PPO[1]**	**KAISER[4]**
Office Visits & Emergency Room In-Network	Primary Care	$40 copay	20% coinsurance, after deductible	$30 copay	$20 copay
	Specialist	$60 copay	20% coinsurance, after deductible	$50 copay	$20 copay
	ER	30% coinsurance, after deductible	20% coinsurance, after deductible	$150 copay, then 20% coinsurance after deductible	$150 copay
	Outpatient Surgery & Procedures	30% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	$250 copay
	Urgent Care	$60 copay	20% coinsurance, after deductible	$50 copay	$20 copay
	Hospitalization	30% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	$500 copay
	Ambulance	30% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	$100 copay
Out-of-Network Services[3]		50% coinsurance, after deductible	40% coinsurance, after deductible	40% coinsurance, after deductible	Not covered
PRESCRIPTION DRUGS		**CORE PPO[1]**	**HDHP PLUS[2]**	**PREMIUM PPO[1]**	**KAISER[4]**
Retail (up to a 30-day supply)	Generic	$15 copay	10% coinsurance, after deductible	$10 copay	$10 copay
	Preferred Brand	$50 copay	20% coinsurance, after deductible	20% coinsurance, after deductible	$35 copay
	Non-Preferred Brand	$100 copay	30% coinsurance, after deductible	30% coinsurance, after deductible	$35 copay
	Specialty[5]	$0 copay once enrolled in PrudentRx (otherwise 40% coinsurance after deductible)[5]	20% coinsurance, after deductible	$0 copay once enrolled in PrudentRx (otherwise 30% coinsurance after deductible)[5]	20% coinsurance (up to $150 per Rx)
Mail Order (up to a 90-day supply)	Generic	$30 copay	10% coinsurance, after deductible	$25 copay	$20 copay
	Preferred Brand	$100 copay	20% coinsurance, after deductible	$90 copay	$70 copay
	Non-Preferred Brand	$200 copay	30% coinsurance, after deductible	$125 copay	$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).

[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 $3,400 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 $6,800 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 Core PPO and Premium PPO plan members enrolled in PrudentRx.