



Rex Rennie and Page Nellis, Cox Automotive

Cox Benefits Biweekly Plan Costs for 2027

Medical Premiums	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DP ¹	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY ¹
PREMIUM PPO (Low deductible, higher premium)	\$63.55	\$238.36	\$131.48	\$306.28
HDHP PLUS (High deductible with Health Savings Account)	\$10.23	\$116.32	\$22.28	\$128.39
CORE PPO (Highest deductible, lowest premium)	\$6.45	\$77.42	\$14.01	\$84.97
KAISER (No deductible, highest premium, California only)	\$98.74	\$370.33	\$246.51	\$475.86

¹ Coverage for domestic partners is offered post-tax. Cox's contribution is also considered taxable earnings by the IRS.
This is intended as an overview. The company reserves the right to change or modify any or all costs shown without prior notice.

MEDICAL		Premium PPO ¹	HDHP Plus ²	Core PPO ¹	Kaiser ⁴
Total Annual Deductible	Employee (EE)	\$800	\$2,000	\$6,000	\$0
	EE+Spouse/DP	\$1,600	\$3,500	\$9,000	\$0
	EE+Child	\$1,600	\$3,500	\$9,000	\$0
	EE+Children	\$2,400	\$4,000	\$12,000	\$0
	Family	\$2,400	\$4,000	\$12,000	\$0
Out-of-Pocket Maximum In-Network	EE	\$3,250	\$4,000	\$7,900	\$1,500
	EE+Spouse/DP	\$6,500	\$7,000	\$11,850	\$3,000
	EE+Child	\$6,500	\$7,000	\$11,850	\$3,000
	EE+Children	\$9,750	\$8,000	\$15,800	\$3,000
	Family	\$9,750	\$8,000	\$15,800	\$3,000
		Premium PPO ¹	HDHP Plus ²	Core PPO ¹	Kaiser ⁴
Office Visits & Emergency Room In-Network	Primary Care	\$30 copay	20% coinsurance, after deductible	\$40 copay	\$20 copay
	Specialist	\$50 copay	20% coinsurance, after deductible	\$60 copay	\$20 copay
	ER	\$150 copay, then 20% coinsurance after deductible	20% coinsurance, after deductible	30% coinsurance, after deductible	\$150 copay
	Outpatient Surgery & Procedures	20% coinsurance, after deductible	20% coinsurance, after deductible	30% coinsurance, after deductible	\$250 copay
	Urgent Care	\$50 copay	20% coinsurance, after deductible	\$60 copay	\$20 copay
	Hospitalization	20% coinsurance, after deductible	20% coinsurance, after deductible	30% coinsurance, after deductible	\$500 copay
	Ambulance	20% coinsurance, after deductible	20% coinsurance, after deductible	30% coinsurance, after deductible	\$100 copay
Out-of-Network Services ³		40% coinsurance, after deductible	40% coinsurance, after deductible	50% coinsurance, after deductible	Not covered
Savings Account		Healthcare FSA	Health Savings Account	Healthcare FSA	Healthcare FSA
Prescription Drugs		Premium PPO ¹	HDHP Plus ²	Core PPO ¹	Kaiser ⁴
Retail (up to a 30-day supply)	Generic	\$10 copay	10% coinsurance, after deductible	\$15 copay	\$10 copay
	Preferred Brand	20% coinsurance, after deductible	20% coinsurance, after deductible	\$50 copay	\$35 copay
	Non-Preferred Brand	30% coinsurance, after deductible	30% coinsurance, after deductible	\$100 copay	\$35 copay
	Specialty	\$0 copay once enrolled in PrudentRx (otherwise 30% coinsurance after deductible)	20% coinsurance, after deductible	\$0 copay once enrolled in PrudentRx (otherwise 40% 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	\$30 copay	\$20 copay
	Preferred Brand	\$90 copay	20% coinsurance, after deductible	\$100 copay	\$70 copay
	Non-Preferred Brand	\$125 copay	30% coinsurance, after deductible	\$200 copay	\$70 copay

Please note: In most cases, procedures such as removal of impacted wisdom teeth are considered medical surgery and are covered under the Cox Medical Plan through Aetna, not the Aetna dental plans.

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 deductible 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 deductible 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 \$3,500 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 \$7,000 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 Covered amounts apply only to in-network services. Out-of-network services and oral surgery are not covered under the Kaiser Medical Plan.