2027
Summary of Benefits

COXHEALTH MEDICARE ADVANTAGE (HMO)



CoxHealth

Medicare Advantage
by Cox HealthPlans



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Summary of Benefits

January 1, 2027 – December 31, 2027

CoxHealth Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

To join CoxHealth Medicare Advantage (HMO) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney and Webster.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-855-752-3796 (TTY: 711) and request the "Evidence of Coverage" or access it online at CoxHealthMedicareAdvantage.com.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information contact us at 1-855-752-3796 (TTY: 711) to speak with a representative.



This booklet includes:

- *Information about CoxHealth Medicare Advantage*
- *Monthly Premium, Deductible, and Maximum Out-of-Pocket*
- *Covered Medical and Hospital Benefits*
- *Prescription Drug Benefits*
- *Other Covered Benefits*

INFORMATION ABOUT COXHEALTH MEDICARE ADVANTAGE

Phone Number and Website

- If you have questions please call 1-855-752-3796 to speak with a representative.
- Our website is CoxHealthMedicareAdvantage.com

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Who can join?

To join CoxHealth Medicare Advantage, you must have Medicare Part A and Part B, be a United States citizen or are lawfully present in the United States and live in our service area. Our service area includes the following counties in Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney, and Webster.

What is a Health Maintenance Organization (HMO)?

An HMO plan requires you to see network doctors, hospitals, and pharmacies for your care except for emergency care, out-of-area urgent care, and out-of-area dialysis. You need to choose a primary care doctor as part of the plan.

Who do I see for care?

CoxHealth Medicare Advantage utilizes the CoxHealth network of doctors and hospitals. You can fill your prescriptions at a local or nationwide provider. You can see our plan's provider directory on our website CoxHealthMedicareAdvantage.com. We can also mail you a copy of the provider directory.

What is covered?

Medicare Advantage is another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by Medicare-approved private companies. You will still have Medicare but you'll get most of your Part A and Part B coverage from your Medicare Advantage Plan, not Original Medicare.

Our plan members also get more than what is covered by Original Medicare like dental, hearing, and vision. Some of the extra benefits are outlined in this booklet.

What drugs are covered?

All plans must cover a wide range of prescription drugs that people with Medicare take. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website CoxHealthMedicareAdvantage.com. We can also mail you a copy of the formulary.

How to determine drug costs

Your drug coverage costs can vary depending on if the drug is covered on the plan, what tier the drug is on, what drug benefit phase you are in, and what pharmacy you use. You can use our drug formulary to help determine how much the drug will costs you. The formulary is located at CoxHealthMedicareAdvantage.com.

MONTHLY PREMIUM, DEDUCTIBLES, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

	CoxHealth Medicare Advantage (HMO)
Monthly Plan Premium	$0 per month. You must continue to pay your Medicare Part B premium. Premium is collected by CMS, not CoxHealth Medicare Advantage.
Deductible	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit(s) in this plan: • $3,600 for covered hospital and medical services you receive from in-network providers Includes copays and other costs for medical services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

	Covered Medical and Hospital Benefits
Inpatient Hospital and Inpatient Mental Health Coverage	Our plan covers an unlimited number of days for an inpatient hospital or psychiatric stay. • $295 copay per day, per stay: days 1–6 • $0 copay per day, per stay: days 7–90 Prior authorization is required.
Outpatient Hospital Coverage	Outpatient hospital: $395 copay Prior authorization may be required.
Ambulatory Surgical Center	$395 copay Prior authorization may be required.
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician (PCP) visit: $0 copay Specialist visit: $40 copay Specialist visits are inclusive except Part B drugs and injectables received during a specialist office visit.

Preventive Care	You pay nothing. Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, COVID-19 and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$125 copay Cost sharing is waived if admitted as inpatient to the hospital within 24 hours. Worldwide Emergency Care is covered.

Urgently Needed Services	$50 copay within the United States Worldwide Urgently Needed care is covered: $125 copay
Outpatient Diagnostic Services/ Labs/Imaging (Costs for these services may vary based on place of service.)	Lab tests: $0 copay Medicare covered diagnostic procedures and tests: $0 copay Diagnostic radiology services (such as MRI, CT, Ultrasounds, and PET scans): $150 copay Diagnostic mammogram: $0 Therapeutic radiology services (such as radiation treatment for cancer): $60 copay X-rays: $20 copay Other Medicare-covered outpatient services: $395 Prior authorization may be required.
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: $20 copay Routine hearing exam: $0 copay $1,150 allowance for hearing aids per ear, every two calendar years* One fitting/evaluation for hearing aids every calendar year: $0 copay
Dental Services	$0 copay for exams, cleanings, x-rays, and fluoride $0 copay for basic dental services 40% Coinsurance on major services $3,000 limit on all covered basic and comprehensive dental services annually*
Vision Services	$0 copay for 1 routine eye exam every calendar year $0 for one pair of basic uncoated single, bifocal, or trifocal lenses annually $200 allowance for eyeglass frames, additional lenses, upgraded lenses, lens coatings, or contacts annually*

Mental Health Services	• Outpatient individual visit: $35 copay • Outpatient group visit: $35 copay
Skilled Nursing Facility (SNF)	The plan covers up to 100 days each benefit period. No prior hospital stay is required. • $20 copay per day, per stay: days 1–20 • $221 copay per day, per stay: days 21–100 Prior authorization is required.
Physical Therapy	$20 copay
Ambulance	$250 copay each one-way trip Prior authorization is required for non-emergent transportation by ambulance.
Transportation	No Coverage
Medicare Part B Drugs	0-20% coinsurance for Part B covered chemotherapy drugs 0-20% coinsurance for other Part B covered drugs Prior authorization may be required.
Fitness	SilverSneakers® provides fitness options for a healthier lifestyle.

- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

- **Important Message About What You Pay for Insulin** – Covered insulin products are a $35 copay for a one-month supply.

PRESCRIPTION DRUG BENEFIT COSTS

Annual Prescription (Part D) Deductible	$350 Tiers 3-5		
	Preferred Retail (30-day)	**Standard Retail (30-day)**	**Preferred Mail Order (100-day)**
Tier 1: Preferred Generic	$0 copay	$5 copay	$0 copay
Tier 2: Generic	$10 copay	$15 copay	$37.50 copay
Tier 3: Preferred Brand	23% coinsurance	23% coinsurance	23% coinsurance
Tier 4: Non-Preferred Drug	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier	29% coinsurance	29% coinsurance	29% coinsurance (1 month supply)
Catastrophic Coverage Stage	$2,400 Maximum Out-of-Pocket Once you have reached the maximum out-of-pocket and entered the Catastrophic Coverage Stage you pay nothing for your covered Part D Drugs filled at an in-network pharmacy.		

OTHER COVERED BENEFITS

	CoxHealth Medicare Advantage (HMO)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: $20 copay for each Medicare covered visit, 26 visits per year.
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips**): Up to 20% coinsurance Preferred brand Medicare covered diabetes monitoring supplies: $0 Diabetic therapeutic custom-molded shoes or inserts: 0% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). Prior authorization may be required for diabetic supplies. **See Evidence of Coverage for a complete listing.

Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance Prior authorization may be required.
Foot Care (podiatry services)	$35 copay
Home Health Agency Care	$0 copay Prior authorization is required.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not CoxHealth Medicare Advantage.
Outpatient Substance Abuse	Individual visit: $35 copay Group visit: $35 copay
Over-the-Counter Coverage (OTC)	$20 credit per quarter to use on approved health products that can be ordered online, by phone, mail, or purchased in person at select retail locations. Leftover allowance does not roll over from quarter to quarter.
Prosthetic Devices	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization may be required.
Outpatient Rehabilitation Services	Cardiac rehabilitation services: $30 copay per day Occupational, speech and language therapy visits: $20 copay
Telehealth Visits	$0 copay for primary care physician telehealth visits

*Amounts you pay for some services do not count toward your maximum out-of-pocket amount.

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CoxHealth Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare Advantage depends on contract renewal.

CoxHealth Medicare Advantage plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney or Webster.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year.

Members must use plan providers except in emergency or urgent care situations. If a member obtains routine care from an out-of-network provider without prior approval from CoxHealth Medicare Advantage, neither Medicare nor CoxHealth Medicare Advantage will be responsible for the costs.

CoxHealth Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you have questions please call 1-855-752-3796 (TTY: 711) to speak with a representative.

We are available October 1 to March 31 seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.



NOTES

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For complete details and more information on CoxHealth Medicare Advantage call toll-free at 1-855-752-3796. TTY call 711.

We are able to assist you:

October 1 to March 31 seven days a week
from 8 a.m. to 8 p.m.

April 1 to September 30 Monday through Friday
from 8 a.m. to 8 p.m.

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PO Box 5750, Springfield, MO 65801-5750

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