

Traditional 90/60 PPO Plan Rates

Optional Office Visit Copay also available. Please contact Cox HealthPlans or your agent for additional rates.

Deductible:	\$500			\$750			\$1,000			\$2,500			\$5,000		
	Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity	
19-24	\$115.45	\$139.81	\$244.70	\$106.44	\$129.91	\$225.62	\$99.91	\$122.88	\$211.75	\$78.65	\$97.49	\$166.70	\$61.51	\$76.84	\$130.37
25-29	\$124.16	\$163.39	\$311.57	\$114.48	\$152.14	\$287.30	\$107.45	\$144.17	\$269.63	\$84.58	\$114.60	\$212.26	\$66.15	\$90.47	\$165.99
30-34	\$132.13	\$191.48	\$308.31	\$121.83	\$177.50	\$284.28	\$114.34	\$167.48	\$266.82	\$90.02	\$132.53	\$210.03	\$70.40	\$104.20	\$164.26
35-39	\$148.44	\$218.84	\$256.13	\$136.87	\$202.86	\$236.14	\$128.46	\$191.40	\$221.64	\$101.14	\$151.46	\$174.46	\$79.09	\$119.08	\$136.45
40-44	\$168.02	\$242.55	\$250.25	\$154.93	\$224.85	\$230.72	\$145.40	\$212.15	\$216.56	\$114.46	\$167.87	\$170.47	\$89.51	\$131.97	\$133.31
45-49	\$215.34	\$274.01	\$274.01	\$198.55	\$252.63	\$252.63	\$186.34	\$237.11	\$237.11	\$146.70	\$186.66	\$186.66	\$114.71	\$145.97	\$145.97
50-54	\$319.92	\$329.43	\$329.43	\$294.98	\$303.74	\$303.74	\$276.86	\$285.08	\$285.08	\$217.94	\$224.41	\$224.41	\$170.44	\$175.50	\$175.50
55-59	\$386.62	\$393.15	\$393.15	\$356.47	\$362.49	\$362.49	\$334.57	\$340.22	\$340.22	\$263.38	\$267.82	\$267.82	\$205.98	\$209.44	\$209.44
60-64	\$517.25	\$492.38	\$492.38	\$476.91	\$453.97	\$453.97	\$447.60	\$426.08	\$426.08	\$352.35	\$335.41	\$335.41	\$275.55	\$262.30	\$262.30
65+	\$727.13	\$691.62	\$691.62	\$670.41	\$637.68	\$637.68	\$629.22	\$598.49	\$598.49	\$495.32	\$471.14	\$471.14	\$387.35	\$368.43	\$368.43
Per Child Rate*	\$83.60			\$77.08			\$72.35			\$56.97			\$44.60		

Kids First	\$500 deductible	\$750 deductible	\$1,000 deductible	\$2,500 deductible	\$5,000 deductible
6 mos. - 1 yr.	\$108.35	\$99.90	\$93.76	\$73.81	\$57.72
1 year - 4 yrs	\$86.47	\$79.73	\$74.83	\$58.90	\$46.06
5 yrs - 18 yrs.	\$83.61	\$77.08	\$72.35	\$56.98	\$44.59

Value First 80/50 PPO Plan Rates

Optional Office Visit Copay also available. Please contact Cox HealthPlans or your agent for additional rates.

Deductible:	\$1,000			\$2,500			\$5,000			\$10,000		
	Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity	
19-24	\$83.33	\$102.50	\$176.63	\$66.37	\$82.27	\$140.67	\$52.90	\$66.08	\$112.11	\$37.86	\$47.29	\$80.23
25-29	\$89.63	\$120.26	\$224.90	\$71.38	\$96.71	\$179.12	\$56.88	\$77.80	\$142.74	\$40.71	\$55.67	\$102.15
30-34	\$95.37	\$139.70	\$222.56	\$75.97	\$111.84	\$177.24	\$60.54	\$89.60	\$141.25	\$43.32	\$64.12	\$101.08
35-39	\$107.15	\$159.65	\$184.87	\$85.35	\$127.82	\$147.23	\$68.02	\$102.40	\$117.34	\$48.67	\$73.28	\$83.97
40-44	\$121.28	\$176.96	\$180.63	\$96.59	\$141.67	\$143.86	\$76.97	\$113.49	\$114.64	\$55.08	\$81.22	\$82.04
45-49	\$155.43	\$197.78	\$197.78	\$123.80	\$157.52	\$157.52	\$98.65	\$125.53	\$125.53	\$70.60	\$89.83	\$89.83
50-54	\$230.94	\$237.79	\$237.79	\$183.92	\$189.38	\$189.38	\$146.57	\$150.92	\$150.92	\$104.89	\$108.00	\$108.00
55-59	\$279.07	\$283.78	\$283.77	\$222.27	\$226.01	\$226.01	\$177.13	\$180.11	\$180.11	\$126.76	\$128.89	\$128.89
60-64	\$373.35	\$355.41	\$355.40	\$297.35	\$283.05	\$283.05	\$236.96	\$225.56	\$225.56	\$169.57	\$161.42	\$161.42
65+	\$524.85	\$499.22	\$499.22	\$418.00	\$397.60	\$397.59	\$333.10	\$316.83	\$316.83	\$238.38	\$226.73	\$226.73
Per Child Rate*	\$60.35			\$48.07			\$38.35			\$27.45		

Kids First	\$1,000 deductible	\$2,500 deductible	\$5,000 deductible	\$10,000 deductible
6 mos. - 1 yr.	\$78.21	\$61.57	\$49.63	\$35.52
1 year - 4 yrs	\$62.41	\$49.14	\$39.61	\$28.35
5 yrs - 18 yrs.	\$60.35	\$48.07	\$38.35	\$27.45

Traditional 90/60 PPO Plan Rates

Optional Office Visit Copay also available. Please contact Cox HealthPlans or your agent for additional rates.

Deductible:	\$500			\$750			\$1,000			\$2,500			\$5,000		
	Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity	
19-24	\$139.62	\$169.06	\$295.92	\$128.74	\$157.11	\$272.85	\$120.84	\$148.60	\$256.09	\$95.11	\$117.89	\$201.59	\$74.39	\$92.92	\$157.65
25-29	\$150.16	\$197.61	\$376.82	\$138.46	\$183.99	\$347.43	\$129.95	\$174.36	\$326.07	\$102.29	\$138.58	\$256.68	\$80.00	\$109.41	\$200.74
30-34	\$159.79	\$231.57	\$372.87	\$147.34	\$214.65	\$343.78	\$138.29	\$202.54	\$322.67	\$108.85	\$160.28	\$254.00	\$85.13	\$126.00	\$198.63
35-39	\$179.52	\$264.65	\$309.74	\$165.53	\$245.31	\$285.57	\$155.36	\$231.47	\$268.04	\$122.29	\$183.17	\$211.00	\$95.65	\$144.01	\$164.99
40-44	\$203.20	\$293.33	\$302.63	\$187.37	\$271.91	\$279.02	\$175.84	\$256.54	\$261.88	\$138.42	\$203.03	\$206.16	\$108.25	\$159.60	\$161.22
45-49	\$260.43	\$331.36	\$331.36	\$240.12	\$305.52	\$305.52	\$225.34	\$286.75	\$286.75	\$177.41	\$225.73	\$225.73	\$138.73	\$176.53	\$176.53
50-54	\$386.91	\$398.39	\$398.39	\$356.74	\$367.33	\$367.33	\$334.80	\$344.75	\$344.75	\$263.56	\$271.41	\$271.39	\$206.11	\$212.25	\$212.25
55-59	\$467.57	\$475.45	\$475.45	\$431.10	\$438.38	\$438.38	\$404.60	\$411.44	\$411.44	\$318.51	\$323.88	\$323.88	\$249.09	\$253.28	\$253.28
60-64	\$625.53	\$595.44	\$595.46	\$576.75	\$549.01	\$549.01	\$541.31	\$515.28	\$515.28	\$426.17	\$405.63	\$405.63	\$333.23	\$317.22	\$317.22
65+	\$879.35	\$836.40	\$836.40	\$810.77	\$771.17	\$771.17	\$760.95	\$723.79	\$723.78	\$599.01	\$569.76	\$569.76	\$468.46	\$445.58	\$445.58
Per Child Rate*	\$83.60			\$77.08			\$72.35			\$56.97			\$44.60		

Kids First	\$500 deductible	\$750 deductible	\$1,000 deductible	\$2,500 deductible	\$5,000 deductible
6 mos. - 1 yr.	\$108.35	\$99.90	\$93.76	\$73.81	\$57.72
1 year - 4 yrs	\$86.47	\$79.73	\$74.83	\$58.90	\$46.06
5 yrs - 18 yrs.	\$83.61	\$77.08	\$72.35	\$56.98	\$44.59

Value First 80/50 PPO Plan Rates

Optional Office Visit Copay also available. Please contact Cox HealthPlans or your agent for additional rates.

Deductible:	\$1,000			\$2,500			\$5,000			\$10,000		
	Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity		Male	Female Non-Maternity - Maternity	
19-24	\$100.79	\$123.95	\$213.61	\$80.27	\$99.49	\$170.12	\$63.97	\$79.91	\$135.57	\$45.78	\$57.18	\$97.02
25-29	\$108.40	\$145.43	\$271.98	\$86.32	\$116.94	\$216.61	\$68.80	\$94.08	\$172.63	\$49.23	\$67.33	\$123.54
30-34	\$115.35	\$168.94	\$269.14	\$91.86	\$135.26	\$214.35	\$73.21	\$108.36	\$170.82	\$52.39	\$77.54	\$122.24
35-39	\$129.59	\$193.08	\$223.57	\$103.20	\$154.58	\$178.07	\$82.25	\$123.84	\$141.89	\$58.86	\$88.62	\$101.54
40-44	\$146.67	\$213.99	\$218.44	\$116.81	\$171.34	\$173.98	\$93.09	\$137.25	\$138.64	\$66.62	\$98.22	\$99.21
45-49	\$187.96	\$239.18	\$239.17	\$149.71	\$190.49	\$190.49	\$119.30	\$151.81	\$151.81	\$85.37	\$108.64	\$108.64
50-54	\$279.27	\$287.57	\$287.57	\$222.42	\$229.04	\$229.03	\$177.25	\$182.52	\$182.52	\$126.84	\$130.62	\$130.62
55-59	\$337.48	\$343.19	\$343.19	\$268.79	\$273.32	\$273.32	\$214.20	\$217.81	\$217.81	\$153.29	\$155.87	\$155.87
60-64	\$451.52	\$429.81	\$429.81	\$359.65	\$342.31	\$342.31	\$286.56	\$272.80	\$272.80	\$205.07	\$195.22	\$195.22
65+	\$634.73	\$603.73	\$603.72	\$505.50	\$480.82	\$480.82	\$402.85	\$383.18	\$383.18	\$288.29	\$274.21	\$274.21
Per Child Rate*	\$60.35			\$48.07			\$38.35			\$27.45		

Kids First	\$1,000 deductible	\$2,500 deductible	\$5,000 deductible	\$10,000 deductible
6 mos. - 1 yr.	\$78.21	\$61.57	\$49.63	\$35.52
1 year - 4 yrs	\$62.41	\$49.14	\$39.61	\$28.35
5 yrs - 18 yrs.	\$60.35	\$48.07	\$38.35	\$27.45