



# The health plan you'll be happy to see.

Take control of your healthcare journey with a plan that gives you access to top-quality providers and offers price certainty for every medical service. With Coupe, you're in the driver's seat.

# Clear and supportive healthcare.

#### **Health Valet Service**

Work alongside a Coupe Health Valet to confidently navigate your healthcare journey. Health Valets can assist with:

- Finding a high-quality provider
- Answering questions on billing or coverage information
- And more



Reach out to the Health Valet team:



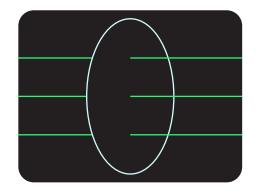
1-833-749-1969

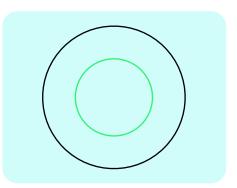


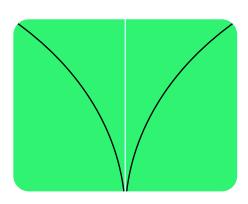
healthvalet@coupehealth.com



Monday-Friday 8:00 a.m. - 8:00 p.m. Central







#### **Price certainty**

Know the price of every medical service ahead of time. No add-ons or surprise bills.

#### Great care and value

Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.

#### Simple user experience

Access your health plan from anywhere with the straightforward and intuitive Coupe member portal.

# Price certainty you can count on.

Going for care is easy-going when you know the cost ahead of time.

#### What to expect:

1.

Look up a service and know exactly what you'll owe.

2.

Go to the doctor and receive great care.

3.

Receive your bill from your provider.

Use the Coupe member portal to find the best provider based on cost and quality rankings.

See your provider and feel confident knowing their quality of care.

Pay the exact cost you saw in your member portal.

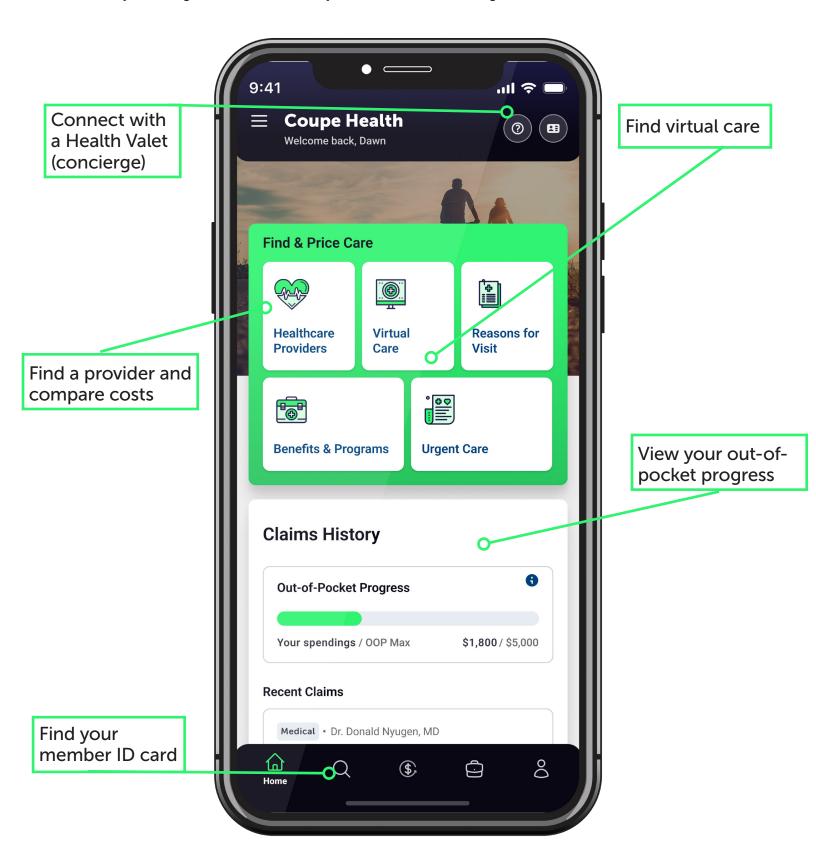


For questions, reach out to your Health Valet or visit <a href="https://employers.coupehealth.com/best-buy.html">https://employers.coupehealth.com/best-buy.html</a>

**→** 

### Member Portal

Explore the member portal anytime from your mobile app or desktop. It's your one-stop hub for all of your benefit information!



### Quality you can trust.

Coupe is designed to help you find high-quality, low-cost providers so you can prioritize your health and your bank account.

With Coupe, providers are categorized into three copay rankings based on the following criteria:



#### Quality

Providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.

#### **Appropriateness**

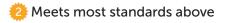
Providers that are associated with top-quality service lines at their facility and consistently deliver positive patient experiences.

#### **Efficiency**

Providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

**Provider Ranking Legend** 





Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	Tier 2	① Tier 3	
Calendar Year Deductible (Indiv/Family)		\$0		None
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)		\$4,000 / \$8,000		None
*OOP Max applies to in-network services only	; Out-of-Network OOF	Max is unlimited*		
		In-Network		Out-of-Network
Medical Services	✓ Tier 1	Tier 2	① Tier 3	
Physician Services				
Primary Care Physician	\$35	\$55	\$90	N/A
Retail Health Clinic	\$35	\$55	\$90	N/A
Specialist	\$45	\$80	\$135	N/A
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)		No Charge		N/A
Adult Physical Examination (including routine GYN visit)		No Charge		N/A
COVID 19 Vaccine		No Charge		N/A
Breast Cancer Screening (any age)		No Charge		N/A
Pap Test		No Charge		N/A
Prostate Cancer Screening		No Charge		N/A
Colorectal Cancer Screening		No Charge		N/A
Telehealth Services				
Doctor on Demand (Default)		\$35		N/A
Maternity				
Initial Prenatal Office Visit	\$35	\$55	\$90	N/A
Prenatal Office Visit		No Charge		N/A
Delivery & Postnatal Care	\$1,300	\$1,925	\$3,225	N/A
Hospital Expenses or Long-Term Acute Ca	re Facility/Hospital (l	Facility Charges)		
Inpatient Hospital	\$2,350	\$2,750	\$3,350	N/A
Outpatient Hospital	\$200	\$600	\$1,200	N/A
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$2,350	\$2,750	\$3,350	N/A
Ambulance Services		\$1,00	00	
Ambulatory Surgical Center	\$200	\$600	\$1,200	N/A
Home Health Care (120 visits per plan year)	\$70	\$90	\$140	N/A
Home Infusion	\$45	\$80	\$135	N/A
Hospice Care	\$300	\$400	\$500	N/A

	In-Network			Out-of-Network
Medical Services		Caracter 2	① Tier 3	
Radiology Services				
Diagnostic X-Rays	\$80	\$110	\$180	N/A
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$250	\$650	\$1,300	N/A
Laboratory Services				
Basic Labs	\$0	\$10	\$30	N/A
Advanced Diagnostic Labs	\$250	\$350	\$700	N/A
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room		\$950	)	
Urgent Care Facility	\$100	\$150	\$200	N/A
Mental Disorders & Substance Use Disord	ers			
Office Visit	\$35	\$55	\$90	N/A
Inpatient	\$2,350	\$2,750	\$3,350	N/A
Outpatient	\$150	\$180	\$250	NA
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$35	\$55	\$90	N/A
Outpatient Therapies (PT, OT, ST) (120 visits per plan year)	\$35	\$55	\$90	N/A
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$130	\$170	\$285	N/A
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$55	\$90	N/A
Acupuncture (30 visits per plan year)	\$35	\$55	\$90	N/A
Transplants (BDC Travel/lodging \$10,000 lifetime maximum)	\$2,350	\$2,750	\$3,350	N/A
Weight Control/Bariatric Surgery (\$75,000 Lifetime Benefit)	One (1) per person per lifetime			N/A
Temporomandibular Joint Dysfuntion	\$1,000 Lifetime maximum per person for nonsurgical treatment			N/A
Hearing Aids	Hearing aid maximum of \$1,000 per person per ear up to age 19  Hearing aid maximum of \$1,000 per person per ear every 36  N/A  months for age 19 and over			

<sup>\*</sup>Diabetic equipment and supplies provided by Omada are covered at \$0. All other diabetic supplies that are provided by an innetwork preferred provider will be paid according to the applicable category of this Medical Schedule of Benefits, such as Durable Medical Equipment (DME).

Medical Network: Aware® / BlueCard® PPO Network

How to Find a Provider: Log into your member portal at www.coupehealth.com and click on "Find a Doctor and Compare Costs" under the "Benefits" tab.

For questions about your Coupe Health Plan, please contact your Coupe Health Valet:

Email: healthvalet@coupehealth.com

Phone: 1-833-749-1969



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	In-Network			Out-of-Network
	✓ Tier 1	Tier 2	① Tier 3	
Calendar Year Deductible (Indiv/Family)		\$0		None
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)		\$3,500 / \$7,000		\$7,000 / \$14,000
*OOP Max applies to in-network services only;	Out-of-Network OOP	Max is unlimited*		
		In-Network		Out-of-Network
Medical Services	✓ Tier 1	Tier 2	U Tier 3	
Physician Services				
Primary Care Physician	\$15	\$35	\$65	\$120
Retail Health Clinic	\$15	\$35	\$65	\$120
Specialist	\$25	\$65	\$100	\$160
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)		No Charge		\$120
Adult Physical Examination (including routine GYN visit)		No Charge		\$120
COVID 19 Vaccine		No Charge		\$120
Breast Cancer Screening (any age)		No Charge		\$120
Pap Test		No Charge		\$120
Prostate Cancer Screening		No Charge		\$120
Colorectal Cancer Screening		No Charge		\$120
Telehealth Services				
Doctor on Demand (Default)		\$15		N/A
Maternity				
Initial Prenatal Office Visit	\$15	\$35	\$65	\$120
Prenatal Office Visit		No Cha	arge	
Delivery & Postnatal Care	\$800	\$1,200	\$2,000	\$2,500
Hospital Expenses or Long-Term Acute Car	e Facility/Hospital (F	acility Charges)		
Inpatient Hospital	\$1,400	\$1,600	\$2,200	\$2,600
Outpatient Hospital	\$150	\$300	\$650	\$1,300
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,400	\$1,600	\$2,200	\$2,600
Ambulance Services		\$550	)	
Ambulatory Surgical Center	\$150	\$300	\$650	\$1,300
Home Health Care (120 visits per plan year)	\$50	\$65	\$110	\$130
Home Infusion	\$25	\$65	\$100	\$120
Hospice Care	\$260	\$350	\$580	\$695

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Medical Services		Caracter 2	① Tier 3	
Radiology Services				
Diagnostic X-Rays	\$70	\$90	\$150	\$180
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$150	\$400	\$800	\$1,000
Laboratory Services				
Basic Labs	\$0	\$10	\$30	N/A
Advanced Diagnostic Labs	\$150	\$250	\$500	\$650
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$600			
Urgent Care Facility	\$60	\$75	\$120	\$210
Mental Disorders & Substance Use Disorde	rs			
Office Visit	\$15	\$35	\$65	\$125
Inpatient	\$1,400	\$1,600	\$2,200	\$2,600
Outpatient	\$80	\$100	\$150	\$200
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$15	\$35	\$65	\$120
Outpatient Therapies (PT, OT, ST) (120 visits per plan year)	\$15	\$35	\$65	\$120
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$110	\$145	\$240	\$290
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$15	\$35	\$65	\$120
Acupuncture (30 visits per plan year)	\$15	\$35	\$65	\$120
Transplants (BDC Travel/lodging \$10,000 lifetime maximum)	\$1,400	\$1,600	\$2,200	\$2,600
Weight Control/Bariatric Surgery (\$75,000 Lifetime Benefit)	One (1) per person per lifetime			
Temporomandibular Joint Dysfuntion	\$1,000 Lifetime maximum per person for nonsurgical treatment			

**Hearing Aids** 

Hearing aid maximum of \$1,000 per person per ear up to age 19 Hearing aid maximum of \$1,000 per person per ear every 36 months for age 19 and over

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# Find a happier way to healthcare.

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1-833-749-1969 healthvalet@coupehealth.com

Monday - Friday 8:00 a.m.-8:00 p.m. Central

For questions regarding provider information, visit your company's microsite or reach out to your Health Valet.

Click Here

