

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Best Buy Plan Option 2

Plan Year: January 1st, 2025 - December 31st, 2025

Network: BlueCard® PPO Network

This plan covers **85%** of the total cost of care for your employees

| Medical Benefits | | | | |
|---|-------------------|----------|----------|--------------------|
| | In-Network | | | Out-of-Network |
| | ✔ Tier 1 | ⊖ Tier 2 | ! 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 | ! 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 Charge | | | |
| Delivery & Postnatal Care | \$800 | \$1,200 | \$2,000 | \$2,500 |
| Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility 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 |

| | In-Network | | | Out-of-Network |
|---|---|----------|----------|----------------|
| Medical Services | ✓ Tier 1 | ⊖ Tier 2 | ⓘ 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 | \$50 |
| 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 Disorders | | | | |
| 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 Dysfunction | \$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

*Diabetic equipment and supplies provided by Omada are covered at \$0. All other diabetic supplies that are provided by an in-network 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

Powered by  **MN**