

## COUPE HEALTH

### Coupe Health Benefits Summary

Client Name: Coupe Copay EPO

Plan Year: January 1st, 2026 - December 31st, 2026

Network: BlueCard® PPO Network

This plan covers: **86%** 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)	\$4,000 / \$8,000			None
*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	\$40	\$65	\$120	N/A
Retail Health Clinic	\$40	\$65	\$120	N/A
Specialist	\$60	\$120	\$150	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	\$40			N/A
Maternity				
Initial Prenatal Office Visit	\$40	\$65	\$120	N/A
Prenatal Office Visit	No Charge			N/A
Delivery & Postnatal Care	\$1,300	\$1,900	\$2,750	N/A
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,300	\$2,750	\$3,500	N/A
Outpatient Hospital	\$200	\$800	\$1,200	N/A
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,300	\$1,900	\$2,750	N/A
Ambulance Services	\$1,000			
Ambulatory Surgical Center	\$200	\$800	\$1,200	N/A
Home Health Care (120 visits per plan year)	\$70	\$110	\$140	N/A
Home Infusion	\$50	\$80	\$150	N/A

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	❗ Tier 3	
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Hospice Care (per visit)	\$70	\$110	\$140	N/A
Hospice Care (Inpatient)	\$1,300	\$1,900	\$2,750	N/A
Radiology Services				
Diagnostic X-Rays	\$80	\$120	\$200	N/A
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$250	\$650	\$2,500	N/A
Laboratory Services				
Basic Labs	\$0	\$20	\$50	N/A
Advanced Diagnostic Labs	\$250	\$450	\$1250	N/A
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$950			
Urgent Care Facility	\$100			N/A
Mental Disorders & Substance Use Disorders				
Office Visit	\$40	\$65	\$120	N/A
Inpatient	\$1,300	\$1,900	\$2,750	N/A
Outpatient	\$150	\$180	\$250	NA
Therapy Services				
Chiropractic Care/Spinal Manipulation (40 visits per plan year)	\$20	\$35	\$50	N/A
Outpatient Therapies (PT, OT, ST) (120 visits per plan year)	\$20	\$35	\$50	N/A
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$150	\$180	\$250	N/A
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$40	\$65	\$120	N/A
Acupuncture (40 visits per plan year)	\$20	\$35	\$50	N/A
Transplants (BDC Travel/lodging \$10,000 lifetime maximum)	\$2,300	\$2,750	\$3,500	N/A

**Medical Network:** Aware® / BlueCard® PPO Network

**How to Find a Provider:** Log into your member portal at [www.coupehealth.com](http://www.coupehealth.com) and click on "Find & Price Care."

**For questions about your Coupe Health Plan, please contact your Coupe Health Valet: Email:** [healthvalet@coupehealth.com](mailto:healthvalet@coupehealth.com)

**Phone:** 1-833-749-1969