

## COUPE HEALTH

### Coupe Health Benefits Summary

Client Name: Coupe Copay PPO

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

Network: BlueCard® PPO Network

This plan covers: **89%** 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	\$85	\$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	\$15			N/A
Maternity				
Initial Prenatal Office Visit	\$15	\$35	\$65	\$120
Prenatal Office Visit	No Charge			\$120
Delivery & Postnatal Care	\$625	\$1,000	\$1,600	\$2,500
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,200	\$1,600	\$2,500	\$3,200
Outpatient Hospital	\$150	\$400	\$650	\$1,300
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$625	\$1,000	\$1,600	\$3,200
Ambulance Services	\$550			
Ambulatory Surgical Center	\$150	\$400	\$650	\$1,300
Home Health Care (120 visits per plan year)	\$50	\$80	\$110	\$160
Home Infusion	\$25	\$50	\$100	\$150

	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)	\$50	\$80	\$110	\$160
Hospice Care (Inpatient)	\$625	\$1,000	\$1,600	\$2,500
Radiology Services				
Diagnostic X-Rays	\$50	\$80	\$150	\$300
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$150	\$400	\$1,400	\$2,500
Laboratory Services				
Basic Labs	\$0	\$10	\$30	\$50
Advanced Diagnostic Labs	\$150	\$350	\$600	\$1,200
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$600			
Urgent Care Facility	\$60			\$200
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$35	\$65	\$120
Inpatient	\$625	\$1,000	\$1,600	2,500
Outpatient	\$100	\$130	\$200	\$400
Therapy Services				
Chiropractic Care/Spinal Manipulation (40 visits per plan year)	\$10	\$20	\$30	\$65
Outpatient Therapies (PT, OT, ST) (120 visits per plan year)	\$10	\$20	\$30	\$65
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$100	\$130	\$200	\$400
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$15	\$35	\$65	\$120
Acupuncture (40 visits per plan year)	\$10	\$20	\$30	\$65
Transplants (BDC Travel/lodging \$10,000 lifetime maximum)	\$1,200	\$1,600	\$2,500	\$3,200

**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