

COUPE HEALTH

Coupe Health Plan 2024 (Aware®/BlueCard® PPO Network/No Coverage Out-of-Network*)

Medical and pharmacy plan resources can be found at bluecrossmn.com/associate. If you have any questions about the Coupe Health Plan, call your Health Valet at 1-833-749-1969.

	In-Network* Tier 1	In-Network* Tier 2	In-Network* Tier 3
Annual Deductible	\$0		
Coinsurance	Plan pays 100%		
Annual Out-of-Pocket Maximum (OOP) – Medical and Drugs			
• Individual	\$2,000		
• Family	\$4,000		
Preventive	\$0		
Primary care office visit	\$15	\$25	\$40
Specialist office visit	\$35	\$45	\$75
Advance Imaging (MRI, MRA, CAT, PET Scans)	\$170	\$230	\$380
Routine Diagnostic Labs	\$10	\$15	\$25
Diagnostic Radiology	\$50	\$65	\$110
Diagnostic Lab	\$50	\$65	\$110
Urgent Care	\$35	\$45	\$75
Outpatient Surgery	\$550	\$740	\$1,235
Emergency Room/Emergency Services	\$325		
Ambulance	\$325		
Outpatient Therapies (PT, OT, ST)	\$35	\$45	\$75
Inpatient Hospital Stay	\$1,035	\$1,380	\$2,000
Home Health Care	\$35	\$45	\$75
Hospice	\$185	\$245	\$410
Skilled Nursing Facility	\$930	\$1,240	\$2,000
Durable Medical Equipment	\$75	\$100	\$170
Prescription Drugs**	Tier 1	Tier 2	Tier 1/Tier 2
	30-day retail	30-day Retail	90-day Retail
• Generic Drugs	\$5	\$10	\$15/\$30
• Preferred Brand	\$15	\$20	\$45/\$60
• Non-Preferred Brand	\$25	\$30	\$75/\$90
• Specialty Drugs – mail order only, 30-day supply maximum**	Mail Order Only	Mail Order Only	Mail Order Only

*This plan uses the Aware®/BlueCard® PPO Network and there is no coverage when services are received out-of-network. Your cost of the service is based on which tier provider you utilize. **The PrecisionOne Pharmacy Network is offered by MedOne, an independent company that provides pharmacy benefit management services. There is no drug coverage for out-of-network pharmacies. The Formulary (Drug List) is the Performance and there is no coverage for drugs that are not on the Performance formulary. Review your Benefit Booklet about what is and is not covered.