

Medical Coverage Comparison Chart

	BCBS/Coupe Premium Plan <i>(NEW as of 1/1/2025)</i>			BCBS Premium Network-Only Plan <i>(Discontinued as of 12/31/2024)</i>	
Medical plan description	This new plan simplifies the healthcare experience by charging only copays and removing the deductible and coinsurance. Coupe classifies providers into 3 tiers where Tier 1 providers will have the lowest copay for services and the highest quality outcomes based on Coupe's research. You'll receive one consolidated monthly bill including all medical and pharmacy copays. There is no coverage for out-of-network care except in an emergency.			This plan featured higher premiums in exchange for a lower deductible. Many services only required a copay and did not require you to meet the deductible. To keep this plan affordable, there was no coverage for out-of-network care except in an emergency.	
Health Savings Account	You cannot contribute to an HSA with either plan, but you can use your existing HSA funds toward eligible medical expenses. You can also set aside tax-free dollars in a Flexible Spending Account to use for eligible medical, dental, and vision expenses.				
Medical & Pharmacy	In-network			Out-of-network	
Deductible	Does not apply			There is no coverage for out-of-network care	
Out-of-pocket maximum - Includes deductible and copays/coinsurance	\$3,250 employee only; \$6,500 dependent coverage <i>(capped at \$3,250 per person)</i>				
Medical coverage	In-network			Out-of-network	
	Tier 1 Providers	Tier 2 Providers	Tier 3 Providers	There is no coverage for out-of-network care, except as noted below.	
True Care visit <small>Including medical & behavioral health, in-person & virtually</small>	You pay \$0				
Doctor on Demand virtual visit	You pay \$0				
Preventive Care/Well baby exams	You pay \$0				
Behavioral health visit (outpatient)	You pay \$0				
Coinsurance	Does not apply				
Primary care office visit	\$20 copay	\$25 copay	\$40 copay		
Outpatient therapies	\$20 copay	\$25 copay	\$40 copay		
Specialist office visit <small>Including chiropractic care & acupuncture</small>	\$40 copay	\$50 copay	\$80 copay		
Urgent care	\$75 copay				
Inpatient hospital (per hospitalization)	\$1,655 copay	\$2,210 copay	\$3,200 copay		
Outpatient hospital	\$600 copay	\$800 copay	\$1,355 copay		
Ambulance	\$250 copay			You pay 20%	

Pharmacy Coverage

	BCBS/Coupe Premium Plan			BCBS Premium Network-Only Plan		
Type	Retail (31-day supply)	Mail Service	90-dayRx Retail	Out-of-Network Pharmacies	Preventive drugs <i>See the preventive drug list at bluecrossmn.com/allianzlife</i>	
Generic insulins & anti-depressants	You pay \$0	You pay \$0	You pay \$0	Does not apply. No coverage	Insulins & generics	
Tier 1 Drugs (Generic)	\$10 copay/prescription	\$25 copay/prescription	\$25 copay/prescription		Brand	You pay \$0, no deductible
Tier 2 Drugs (Non-Preferred Generic)	\$75 copay/prescription	\$150 copay/prescription	\$150 copay/prescription		All other drugs	
Tier 3 Drugs (Preferred Brand)	\$35 copay/prescription	\$70 copay/prescription	\$70 copay/prescription		In-network:	Out-of-network:
Tier 4 Drugs (Non-Preferred Brand)	\$75 copay/prescription	\$150 copay/prescription	\$150 copay/prescription		You pay 15% after your deductible is met.	No coverage
Specialty Drugs	\$125/prescription	No coverage				

**If an employee has secondary insurance or is receiving financial assistance from a provider, we do not recommend enrolling in the Coupe Health Plan since it does not coordinate with secondary insurance programs.*

