

Cuningham

# The health plan you'll be happy to see.

Experience healthcare without coinsurance or unexpected bills. Coupe gives you access to top-quality providers and offers price certainty for every medical service, putting you in control of your healthcare decisions.

Enjoy the convenience of one simple monthly statement and the flexibility to finance your medical expenses at zero percent interest. Coupe is designed to save you time and money, so you can focus more on your health and worry less about the paperwork.

# Clear and supportive healthcare.

#### **Price certainty**

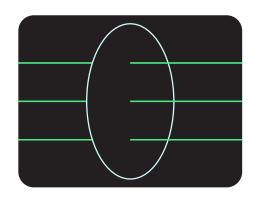
Know the price of every medical service ahead of time. Focus on your health, without worrying about add-ons or surprise bills.

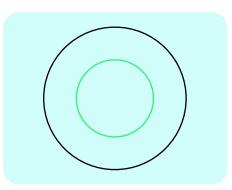
#### **Affordability options**

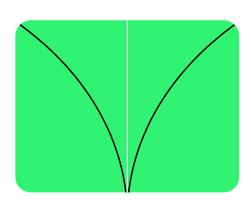
Enjoy 0% financing on all covered medical services and pay your statement in full to take advantage of 1.5% credit towards your next bill with the Coupe Financing option.

#### Great care and value

Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.







#### **Health Valet Service**

Work alongside a Coupe Health Valet to confidently navigate your healthcare journey. Health Valets can assist with:

- Finding a high-quality provider
- Answering questions on billing or coverage information
- And more



Reach out to the Health Valet team:



1-833-749-1969



healthvalet@coupehealth.com



Monday-Friday 8:00 a.m. - 8:00 p.m. Central

# Price certainty you can count on.

Going for care is easy-going when you know the cost ahead of time.

#### What to expect:

1.

Look up a service and know exactly what you'll owe.

2.

Go to the doctor and receive great care.

3.

Receive one monthly statement.

Use the Coupe member portal to find the best provider based on cost and quality rankings. Present your Coupe ID card and pay nothing at the time of service.

Get one statement for all medical expenses and pay how you prefer with 0% financing.

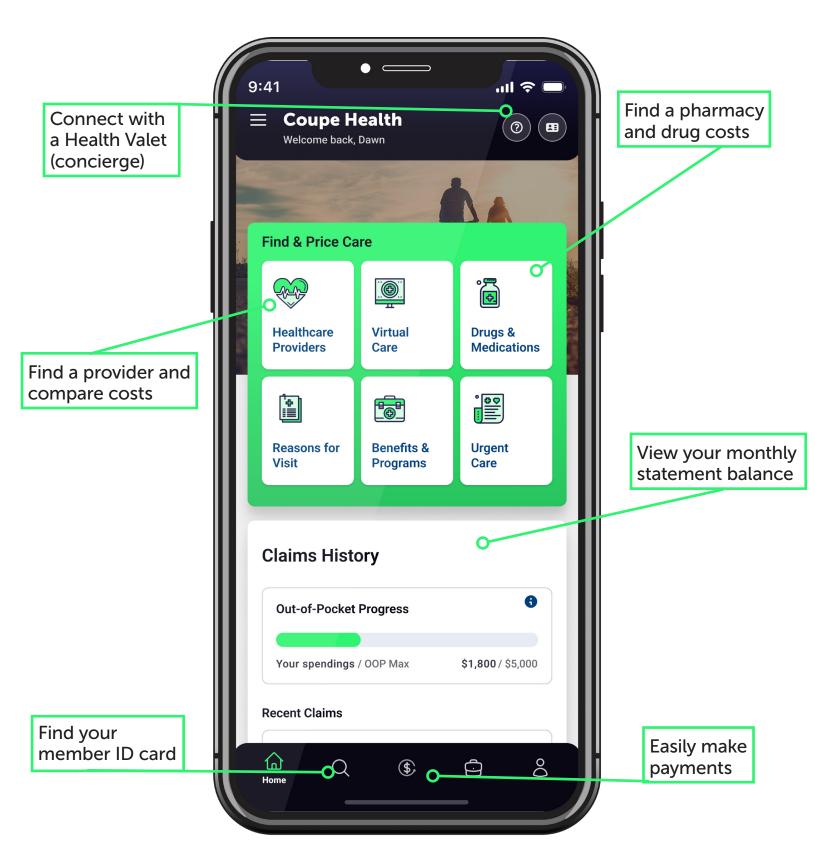


For questions, reach out to your Health Valet or visit <a href="https://employers.coupehealth.com/Cuningham.html">https://employers.coupehealth.com/Cuningham.html</a>

**→** 

#### Member Portal

Explore the member portal anytime from your mobile app or desktop. It's your one-stop hub for all of your benefit information!



# Quality you can trust.

Coupe is designed to help you find high-quality, low-cost providers so you can prioritize your health and your bank account.

With Coupe, providers are categorized into three copay rankings based on the following criteria:



#### Quality

Providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.

#### **Appropriateness**

Providers that are associated with top-quality service lines at their facility and consistently deliver positive patient experiences.

#### **Efficiency**

Providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

**Provider Ranking Legend** 



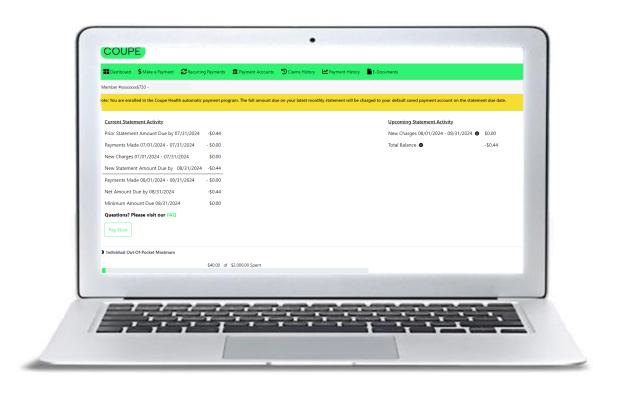
Meets all standards above



# Simplified Payment

Stress less with hassle free billing.

With Coupe Health, enjoy the convenience of owing nothing at the time of service. Our simplified billing consolidates all of your monthly services into a single statement. You can choose your preferred payment method or set up hassle-free auto-pay to simplify your life and gain peace of mind.



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I got my first Coupe bill and have loved the new plan. I am so excited to have transparency into my family's medical information and cost! And to not get countless EOBs in the mail is a dream!

Coupe Financing Member

#### Pay It Forward: Earn Credit Towards Your Next Medical Bill

When you pay your Coupe Health statement in full by the due date, you'll receive a 1.5% credit on your next monthly statement. It's our way of saying thank you for your timely payment, and makes managing your healthcare expenses even more rewarding.

#### Payments Made Easy

Coupe Health works with Paytient, your financial payment partner, to offer you 0% financing for your medical bills and medications.

#### Benefits you receive with the Coupe Health payment plan:

- Single monthly statement
- No payment at the time of service
- + 0% financing
- + Pay manually or autopay

#### Secondary Insurance

Coupe Health financing plans do not support billing to secondary insurance plans. If any of the below situations apply to you, we recommend not enrolling in the financing component:

- You, your spouse, or any dependents have another form of insurance.
- You, your spouse, or any dependents receive financial assistance from a healthcare provider.

# Why Sign the Financial Form?

In order to elect 0% financing with no credit check, you are required to sign a financial onboarding form and add your preferred payment method.

If you do not fill out the financing form, you will not receive the financing benefits of Coupe.

Without the financing option:

- You will not receive built-in financing to help pay for your medical bills.
- ✓ You will not receive a single monthly statement. Instead you will receive Explanations of Benefits in the mail and pay your bills directly to providers and pharmacies.

Learn More

# Pharmacy



Coupe Health pharmacy plans are provided by Prime Therapeutics

Pharmacy Benefit Solutions.

Prime is a nationally recognized pharmacy benefit manager that contracts with almost all licensed U.S. pharmacies. On a Coupe Health Plan, you pay your out-of-pocket pharmacy cost or copays to Coupe Health and not directly to your pharmacy at the time you pick up your prescription(s).

## What to expect when visiting the pharmacy:

- Visit the Coupe Member Portal to find a pharmacy and your prescription cost.
- 2. Visit the pharmacy and present your member ID card to pay nothing at the time of pickup.
- Receive one monthly statement and pay how you prefer with 0% financing.



For more information on pharmacy benefits and to do a prescription drug lookup, please visit

https://employers.coupehealth.com/Cuningham.html

# PPO Plan

Medical Benefits				
	In-Network			Out-of-Network
		Tier 2	① Tier 3	
Calendar Year Deductible (Indiv/Family)		\$0		N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)		\$6,000 / \$9,000		N/A
*OOP Max applies to in-network services o	nly; Out-of-Network OO	P Max is unlimited*		
		In-Network		Out-of-Network
Medical Services		Tier 2	U Tier 3	
Physician Services				
Primary Care Physician	\$25	\$30	\$50	\$60
Retail Health Clinic	\$25	\$30	\$50	\$60
Specialist	\$45	\$60	\$100	\$120
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Virtual Care		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	\$25	\$30	\$50	\$60
Prenatal Office Visit		No Charge		\$60
Delivery & Postnatal Care	\$2,275	\$3,305	\$5,000	\$6,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,275	\$3,305	\$5,000	\$6,000
Outpatient Hospital	\$740	\$985	\$1,645	\$1,975
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$2,010	\$2,680	\$4,470	\$5,365
Ambulance Services	\$375			
Ambulatory Surgical Center	\$740	\$985	\$1,645	\$1,975
Home Health Care	\$45	\$60	\$100	\$120
Home Infusion	\$45	\$60	\$100	\$120
Hospice Care	\$245	\$330	\$550	\$660

## PPO Plan

	In-Network			Out-of-Network
Medical Services		Tier 2	① Tier 3	
Radiology Services				
Diagnostic X-Rays	\$65	\$85	\$145	\$175
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$230	\$305	\$505	\$605
Laboratory Services				
Basic Labs	\$15	\$20	\$35	\$40
Advanced Diagnostic Labs	\$65	\$85	\$145	\$175
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room	\$375			
Urgent Care Facility		\$80		
Mental Disorders & Substance Use Disorders	rders			
Office Visit	\$25	\$30	\$50	\$60
Inpatient	\$2,275	\$3,305	\$5,000	\$6,000
Outpatient	\$740	\$985	\$1,645	\$1,975
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$45	\$60	\$100	\$120
Outpatient Therapies (PT, OT, ST)	\$45	\$60	\$100	\$120
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$100	\$135	\$230	\$275
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$45	\$60	\$100	\$120
Acupuncture	See plan document for specific coverage based on age/necessity			
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$2,275	\$3,305	\$5,000	\$6,000

Medical Network: Aware® / BlueCard® PPO Network

For questions about your Coupe Health Plan, please contact your Coupe Health Valet:

Email: healthvalet@coupehealth.com

Phone: 1-833-749-1969

### PPO Plan

#### **Pharmacy Drug Vendor: Prime Therapeutics**

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NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

Single Family If you reach your out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature	Сорау			
Retail Pharmacy				
Generic Drugs (Up to a 30-day supply)	\$10			
Non-Preferred Generic Drugs (Up to a 30-day supply)	\$70			
Preferred Brand Drugs (Up to a 30-day supply)	\$40			
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$70			
Specialty Drug Program				
Specialty Drugs* (Up to a 30-day supply)	\$200 for a 30-day supply			
*Specialty medications are required to be filled through Mail Order				
Mail Order (90 Day Supply)				
Generic Drugs	\$30			
Non-Preferred Generic Drugs	\$140			
Preferred Brand Drugs	\$80			
Non-Preferred Brand Drugs	\$140			

# High-Deductible Health Plan

Medical Benefits				
		In-Network		Out-of-Network
	✓ Tier 1	Tier 2	① Tier 3	
Calendar Year Deductible (Indiv/Family)		\$2,000 / \$4,000		N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)		\$6,000 / \$9,000		N/A
*OOP Max applies to in-network services or	nly; Out-of-Network OOI	P Max is unlimited*		
		In-Network		Out-of-Network
Medical Services	✓ Tier 1	Tier 2	U Tier 3	
Physician Services				
Primary Care Physician	\$20	\$25	\$40	\$50
Retail Health Clinic	\$20	\$25	\$40	\$50
Specialist	\$35	\$50	\$80	\$95
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Virtual Care		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$25	\$40	\$50
Prenatal Office Visit		No Charge		\$50
Delivery & Postnatal Care	\$1,640	\$2,180	\$3,690	\$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient Hospital	\$535	\$715	\$1,205	\$1,445
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,445	\$1,920	\$3,250	\$3,900
Ambulance Services		\$30	5	
Ambulatory Surgical Center	\$535	\$715	\$1,205	\$1,445
Home Health Care	\$35	\$50	\$80	\$95
Home Infusion	\$35	\$50	\$80	\$95

## High-Deductible Health Plan

	In-Network Out-of-Network			Out-of-Network
Medical Services		C Tier 2	① Tier 3	
Radiology Services				
Diagnostic X-Rays	\$50	\$65	\$105	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$165	\$215	\$365	\$435
Laboratory Services				
Basic Labs	\$10	\$15	\$30	\$35
Advanced Diagnostic Labs	\$50	\$65	\$105	\$125
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$305		
Urgent Care Facility	\$65			
Mental Disorders & Substance Use Diso	rders			
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient	\$535	\$715	\$1,205	\$1,445
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$35	\$50	\$80	\$95
Outpatient Therapies (PT, OT, ST)	\$35	\$50	\$80	\$95
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$75	\$100	\$170	\$205
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$50	\$80	\$95
Acupuncture	See plan document for specific coverage based on age/necessity			
Transplants	\$1,640	\$2,180	\$3,690	\$4,425

Medical Network: Aware® / BlueCard® PPO Network

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# High-Deductible Health Plan

#### **Pharmacy Drug Vendor: Prime Therapeutics**

Pharmacy Benefits				
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.				
Single Family	If you reach your out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.			
Pharmacy Plan Feature	Сорау			
Retail Pharmacy				
Generic Drugs (Up to a 30-day supply)	\$5			
Preferred Brand Drugs (Up to a 30-day supply)	\$15			
Non-Preferred Brand Drugs	\$20			
Specialty Drug Program				
Specialty Drugs* (Up to a 30-day supply)	\$200 for a 30-day supply			
*Specialty medications are required to be filled through Mail Order				
Mail Order (90 Day Supply)				
Generic Drugs (Tier 1)	\$15			
Preferred Brand Drugs (Tier 2)	\$30			
Non-Preferred Brand Drugs (Tier 3)	\$40			
Drug Descriptions				
Generic Drugs	Generic drugs are covered at this copay level.			
Preferred Brand Drugs	All preferred drugs are covered at this copay level.			
Non-Preferred Brand Drugs	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.			

Discuss using alternatives with your physician or pharmacist.

# Find a happier way to healthcare.

#### **Access your Coupe Health Valet:**

1-833-749-1969 healthvalet@coupehealth.com

Monday - Friday 8:00 a.m.-8:00 p.m. Central

For questions regarding provider and pharmacy information, visit your company's microsite or reach out to your Health Valet.

Click Here









