

COUPE HEALTH

Blue Cross AHP: Designed by Coupe Health 2026 (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	\$2,000		
• Individual	\$4,000		
• Family			
Preventive	\$0		
Primary care office visit	\$15	\$25	\$40
Specialist office visit	\$35	\$45	\$75
Telehealth (Doctor on Demand) Urgent & Behavioral Health	\$0		
Telehealth (Doctor on Demand) Primary Care Visit	\$15		
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	\$45		
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**	30-Day Retail	Mail Order	90-Day Retail
• Tier 1 (Generic Drugs)	\$5	\$15	\$15
• Tier 2 (Non-Preferred Generic)	\$25	\$75	\$75
• Tier 3 (Preferred Brand)	\$15	\$45	\$45
• Tier 4 (Non-Preferred Brand)	\$25	\$75	\$75
• Specialty Drugs – must be filled at a in-network specialty pharmacy, 30-day supply maximum**		\$30	

*This plan uses the Aware®/BlueCard® PPO Network. Your cost of the service is based on which tier provider you utilize. There is no coverage when services are received out-of-network except for emergency services. For more information, review your Coupe benefit booklet, call the Health Valet at 1-833-749-1969, or email HealthValet@coupehealth.com.

**The Pharmacy Network through Prime Therapeutics is the Essential Pharmacy Network (E). There is no drug coverage at out-of-network pharmacies. The Formulary (Drug List) is KeyRx and there is no coverage for drugs that are not on the KeyRx formulary.