

COUPE HEALTH

Brookshire Grocery Company - Coupe A

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

Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible (Indiv/Family)	\$0			\$0
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$5,000 / \$10,000			Unlimited
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	\$50	\$65	\$105	\$130
Retail Health Clinic	\$50	\$65	\$105	\$130
Specialist	\$75	\$100	\$165	\$200
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			Not Covered
Adult Physical Examination (including routine GYN visit)	No Charge			Not Covered
COVID 19 Vaccine	No Charge			Not Covered
Routine Mammogram (any age)	No Charge			Not Covered
Pap Test	No Charge			Not Covered
Prostate Cancer Screening	No Charge			Not Covered
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			Not Covered
Telehealth Services				
Virtual Primary Care (MDLive)	\$10 Copay then covered at 100%			
Maternity				
Initial Prenatal Office Visit	\$50	\$65	\$105	\$130
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$2,500	\$3,325	\$4,135	\$4,965
Hospital / Surgical Center or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital (per admission)	\$2,500	\$3,325	\$4,135	\$4,965
Outpatient Hospital	\$1,000	\$1,750	\$2,250	\$2,700
Skilled Nursing /Rehabilitation Facility	\$2,500	\$3,325	\$4,135	\$4,965
Ambulatory Surgical Center	\$1,000	\$1,750	\$2,250	\$2,700
Home Health Care	\$150	\$200	\$250	\$400
Home Infusion	\$75	\$100	\$165	\$200
Hospice Care	\$0	\$0	\$0	\$400

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$75	\$100	\$170	\$205
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$150	\$200	\$340	\$405
Laboratory Services				
Basic Labs	\$0	\$0	\$0	\$75
Advanced Diagnostic Labs	\$75	\$100	\$170	\$205
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$750			
Urgent Care Facility	\$75			
Ambulance Services / Air Ambulance	\$750			
Mental Disorders & Substance Use Disorders				
Office Visit	\$50	\$65	\$105	\$130
Inpatient	\$2,500	\$3,325	\$4,135	\$4,965
Outpatient	\$1,000	\$1,750	\$2,250	\$2,700
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$75	\$100	\$165	\$200
Outpatient Therapies (PT, OT, ST)	\$75	\$100	\$165	\$200
Durable Medical Equipment				
Durable Medical Equipment (DME)	\$100	\$135	\$225	\$270
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$75	\$100	\$165	\$200
Acupuncture	Not Covered			
Transplants	\$2,500	\$3,325	\$4,135	\$4,965