

# COUPE HEALTH

Brookshire Grocery Company - Coupe B  
 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)	\$7,500 / \$15,000			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	
<b>Physician Services</b>				
Primary Care Physician	\$65	\$85	\$145	\$175
Retail Health Clinic	\$65	\$85	\$145	\$175
Specialist	\$90	\$120	\$200	\$240
<b>Preventative Services &amp; Routine Care</b>				
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
<b>Telehealth Services</b>				
Virtual Primary Care (MDLive)	\$20 Copay then covered at 100%			
<b>Maternity</b>				
Initial Prenatal Office Visit	\$65	\$85	\$145	\$175
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$3,000	\$3,825	\$4,635	\$5,565
<b>Hospital / Surgical Center or Long-Term Acute Care Facility/Hospital</b>				
Inpatient Hospital (per admission)	\$3,000	\$3,825	\$4,635	\$5,565
Outpatient Hospital	\$2,000	\$2,750	\$3,250	\$3,900
Skilled Nursing /Rehabilitation Facility	\$2,500	\$3,325	\$4,135	\$4,965
Ambulatory Surgical Center	\$2,000	\$2,750	\$3,250	\$3,900
Home Health Care	\$150	\$200	\$250	\$400
Home Infusion	\$90	\$120	\$200	\$240
Hospice Care	\$0	\$0	\$0	\$450

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$150	\$200	\$340	\$405
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$200	\$270	\$450	\$540
<b>Laboratory Services</b>				
Basic Labs	\$0	\$0	\$0	\$95
Advanced Diagnostic Labs	\$150	\$200	\$340	\$405
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room			\$1,250	
Urgent Care Facility			\$90	
Ambulance Services / Air Ambulance			\$1,250	
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$65	\$85	\$145	\$175
Inpatient	\$3,000	\$3,825	\$4,635	\$5,565
Outpatient	\$2,000	\$2,750	\$3,250	\$3,900
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$90	\$120	\$200	\$240
Outpatient Therapies (PT, OT, ST)	\$90	\$120	\$200	\$240
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME)	\$150	\$180	\$270	\$320
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$90	\$120	\$200	\$240
Acupuncture			Not Covered	
Transplants	\$3,000	\$3,825	\$4,635	\$5,565