

COUPE HEALTH

Coupe Health Benefits Summary

The Kenan Advantage Group

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)	\$6,900 / \$13,800			\$20,000/\$40,000
*OOP Max: In network and out of network services accumulate separately				
	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	! Tier 3	
Physician Services				
Primary Care Physician	\$25	\$60	\$100	\$120
Retail Health Clinic	\$25	\$60	\$100	\$120
Specialist	\$35	\$80	\$120	\$220
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
Routine Eye Care	No Charge			Not Covered
COVID 19 Vaccine	No Charge			Not Covered
Breast Cancer Screening (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			
Telehealth Services				
Live Health Online	\$25			
Maternity				
Initial Prenatal Office Visit	\$25	\$60	\$100	\$120
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$4,000	\$5,500	\$6,900	\$10,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$4,000	\$5,500	\$6,900	\$10,000
Outpatient Hospital	\$1,300	\$1,800	\$3,000	\$3,500
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$4,000	\$5,500	\$6,900	\$10,000
Ambulance Services	\$750			
Ambulatory Surgical Center	\$1,300	\$1,800	\$3,000	\$3,500
Home Health Care (120 visits per plan year)	\$100	\$130	\$215	\$300
Home Infusion	\$100	\$130	\$215	\$300

Hospice Care	\$450	\$600	\$950	\$1,200
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	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⚡ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$115	\$200	\$300	\$350
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$400	\$600	\$900	\$1,100
Laboratory Services				
Diagnostic Labs	\$35	\$80	\$120	\$220
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$750			
Urgent Care Facility	\$100	\$100	\$100	\$300
Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$60	\$100	\$120
Inpatient	\$4,000	\$5,500	\$6,900	\$10,000
Outpatient	\$1,300	\$1,800	\$3,000	\$3,500
Therapy Services				
Chiropractic Care/Spinal Manipulation (12 visits per plan year)	\$35	\$80	\$120	\$220
Outpatient Therapies (PT, OT, ST)	\$35	\$80	\$120	\$220
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$185	\$250	\$415	\$500
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$80	\$120	\$220
Acupuncture	Not Covered			
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$4,000	\$5,500	\$6,900	\$10,000