

## Welcome to Coupe Health

Below are the most common frequently asked questions regarding the Coupe Health plan.

### 1. What is Coupe Health?

- Coupe Health is a new healthcare plan that gives you access to BCBS's BlueCard® PPO Network and provides an easy, integrated member experience with cost certainty.

### 2. Is there someone I can call for my questions regarding the Coupe Health Plan?

- The Coupe Health Valet Team will be available during Open Enrollment to answer your questions on the Coupe Health plan. The Health Valet team can be contacted at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**. The Health Valets hours are Monday through Friday 8AM-8PM CST.

### 3. I am going to have a procedure at the beginning of the plan year. Will that be covered? How much will it cost?

- If you are looking to have a procedure at the beginning of the plan year, please reach out to the Coupe Health Valet team as soon as Open Enrollment begins at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**. They can assist with transition of care situations as well as pricing for the services you are considering receiving.

### 4. What criteria does Coupe Health use to tier providers?

- When evaluating the quality of providers, Coupe Health uses one of the largest healthcare databases in the country. Providers are tiered at the procedure level. The quality metrics used to determine provider tiers include, but are not limited to, the following:
  - i. Medical Board Certified
  - ii. Patient Outcomes
  - iii. Re-admission Rates
  - iv. Malpractice History
  - v. Operating Efficiency
  - vi. Physician Years of Experience

## General Coupe Overview

### 1. Can you trust Coupe Health and how does Coupe Health get paid?

- Coupe Health is a healthcare management program that brings together the very best healthcare benefits for you onto a single platform. While having so many programs come together in one place can be a little confusing at first, you can trust you have the very best in benefit programs from some of the nation's largest benefit programs:
  - i. BCBS Minnesota give you access to Blue Cross and Blue Shield's Aware®/National BlueCard® PPO network and leading claims administration platforms.
  - ii. Prime Therapeutics provides pharmacy benefits nationwide with one of the country's broadest pharmacy networks and is the national leader in innovative strategies to keep your prescription costs as low as possible.
  - iii. Health Valets provide your concierge support.
- There are no financial incentives for Coupe Health to limit care or limit access to certain providers. Coupe Health simply wants you to have great care with a great experience so more members will want to join Coupe health plans.

### 2. What are the three main ways Coupe is different than other health plans?

- Here are the three main ways Coupe is different than other health plans:
  - i. All your healthcare purchases have a fixed price like a copay for your out-of-pocket costs. Those copays are lower for higher quality physicians and facilities (Tier 1) because those providers take better care of you and reduce healthcare costs for you and your health plan over time. Coupe Health wants you to have sustainable healthcare benefits where you can access the highest quality providers at the most affordable costs possible.
  - ii. You pay your out-of-pocket costs to the health plan and not to your doctor, hospital, or pharmacy. You should not pay any out-of-pocket costs at the time of your service as indicated on your insurance ID card. By having you pay the health plan while we pay your providers in full allows you and your healthcare providers to focus on providing you the care you need while we work to simplify the payment process later.
  - iii. Coupe Health bills you your out-of-pocket costs on a single monthly statement. Because all members are offered affordable, zero-interest payment plans with no credit check, Coupe has an automatic payment plan to help you make sure your minimum monthly payment is paid on time. If you are having trouble paying the minimum payment due for the monthly payment plan, please contact to your Health Valet to see if any other options may be available.

### 3. How can I have the best experience possible?

- There are the four main areas of Coupe Health where you should review the educational content and FAQs to have the best Coupe experience possible:
  - i. How to access the Coupe member portal and talk to a Coupe Health Valet. Visit the member portal at [www.coupehealth.com](http://www.coupehealth.com). You can reach a Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**.
  - ii. How to look up the cost of a medication prior to picking up at the pharmacy, they will not know your Coupe copay. You can look up the cost of medications in the Coupe member portal on the Benefits tab under, "Find Drug Prices".

- iii. Learn how to search for a medical provider so you can see both the benefit tier and cost of that provider in the Coupe member portal on the Benefits tab under the card that says, "Find a Doctor and Compare Costs".
- iv. Learn how to find and pay your Coupe statement in the Coupe member portal on the Benefits tab under the card that says, "Claims and Statements".

#### 4. What are some helpful tips I should know before I start using my Coupe Health plan?

- Here is some helpful information that will help you have the smoothest experience possible with Coupe:
  - i. If your doctor asks for your insurance information, please tell them you have BCBS (not Coupe). BCBS/BlueCard PPO is listed as your network on your insurance ID card.
  - ii. If your pharmacist asks for your insurance information, please tell them you have Prime Therapeutics (not Coupe). Prime Therapeutics is listed as your pharmacy benefit manager on your insurance ID card.
  - iii. Certain medical services and medications require prior-authorization on the Coupe Health plans. Your physicians must turn in the information necessary to complete the prior-authorization process – a process which takes around five business days once the information is received, unless it is deemed an urgent request where it will be handled within 48 hours.
  - iv. Doctors, hospitals, and pharmacists will no longer be able to tell you your out-of-pocket cost amounts. If you want to know your out-of-pocket cost amounts, please visit [www.coupehealth.com](http://www.coupehealth.com) or contact your Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**.
  - v. If you have had medical or pharmacy services, you should get a Coupe statement in the mail by the middle of the month in which it is due. If you do not get a statement in the mail, please visit [www.coupehealth.com](http://www.coupehealth.com) or contact your Health Valet to get a copy of your statement.
  - vi. Your statements cover all the charges processed in the previous month. Not all providers send in bills for your care timely so some processed charges may be for services processed several months early. Only pay for charges that have posted to your statement.
  - vii. Once you are in an Automatic Payment Plan you stay on the plan until your balance is paid off in full. The payment plan automatically pays your payment election amount that month so there is no need to make a payment once on the plan, unless you want to make a supplemental payment to pay off your balance.
  - viii. When enrolling, you must provide the account, such as a bank account or credit/debit card, that you wish to use for the Automatic Payment Plan by completing a Member Financial Onboarding Form. You may change your account or payment amount selection at any time by re-completing the form or saving a new default pay account on your Claims & Statements portal.
  - ix. You can only access specialty medications through Prime Therapeutics Specialty Pharmacy and its Mail Order program.
  - x. The current provider search engine is specialty specific. If your doctor is in our system with a different specialty designation, they may not pull up. In addition, some types of providers associated with certain specialties such as Nurse Practitioners or Physician Assistants will only pull up under the Nurse Practitioner or Physician Assistant specialty since there is no data linking them to the specialty they support. If you cannot find your provider in the search engine, please contact a Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**.

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## Medical Provider Search

### 1. How do I obtain in network doctor, procedure, and cost information?

- Log in to your member portal at [www.coupehealth.com](http://www.coupehealth.com) and find the “Find A Doctor and Compare Costs” under the “Benefits” tab. You can also ask for this information from your Coupe Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or 833-749-1969.

### 2. How do I look up a doctor?

- In the member portal choose the “Benefits” tab at top, then click “View All”, then scroll down and choose the “Find A Doctor and Compare Costs” card. Follow the prompts and instructions to search for your doctor.

### 3. Where do I find a provider’s office visit or copay cost?

- After you enter the location and proceed through the search fields, you will see a provider’s out of pocket cost and exact location on the profile card for the provider and below the provider’s location on the map view.  
**Tip: Click on the “Details” tab located on a provider’s profile card to see more details.**

### 4. How do I look up a Nurse Practitioner or a Physician Assistant if that is who I see for my healthcare?

- In the “Choose your Category” field choose Nurse Practitioner as the specialty for a Nurse Practitioner or Physician Assistant as the specialty for a Physician Assistant. Nurse Practitioners and Physician Assistants will not be listed under the physician specialty they support as that information is not reported.

### 5. How do I look up the cost for a procedure or surgery?

- Same way you would find a doctor using the “Find A Doctor and Compare Costs” card. But in the “Choose your Category” field you will choose the type of procedure, such as “tonsillectomy.” After proceeding through the location and search fields you will then be able to see a physician’s cost for the procedure.  
**Tip: To also see a facility’s cost for the procedure - click on the “Details” tab of the physician and you will see the different copays depending on the place of service.**

### 6. How do I look up a counselor or therapist?

- Counselors and therapists may be listed under two different specialty areas in the search tool depending on their credentials: LPCC or LFMT.

### 7. How do I look up an urgent care center?

- Same way you would find a doctor using the “Find A Doctor and Compare Costs” card but in the “Choose your Category” field, you will choose “Urgent Care Center”.

### 8. What do I do when I am traveling to ensure I see in-network providers?

- When traveling, we recommend you follow a similar process as when you are home before obtaining services by looking up those providers in the provider search tools. You may also contact a Coupe Health Valet to find high quality, in-network providers, and your member copay.

## 9. Who decides what tier a provider is in?

- Coupe Health uses provider tier indicators to communicate provider quality because Coupe is designed so you pay less money when receiving the highest quality care. High quality care costs less money over time and thus Coupe employers and members can afford to pay less for that care.
- Provider quality and care efficiency is based on an extensive data analytics platform with billions of healthcare experience data points. That data allows us to view a provider based on their quality, to whom they refer patients, the experience of their patients, and the care efficiency of their treatments. This data platform facilitates the stratification of providers into Tiers 1, 2, and 3 with Tier 1 provider being the highest quality, lowest cost options available to Coupe Members.

## 10. Will providers accept this plan?

- Coupe Health utilizes the BCBS Aware®/National BlueCard® PPO network which is an extensive national network with a comprehensive selection of high-quality providers. We do not anticipate there being instances in which members cannot access an in-network provider. However, the Health Valet is the best resource to support you in the case where a quality, in-network provider is not available.

## 11. Are surgeries performed by my Tier 1 doctor always considered a Tier 1 surgery?

- Your facility out-of-pocket cost will be based on the tier of the physician who treats you at the facility. To see those facility costs by tier, please see your benefit summary or perform a search for the procedure or service your physician will perform at the facility. You may also contact your Health Valet and they will help you understand your options as well.

## Member Portal

### 1. What is the website for Coupe Health? How can I obtain specific wellness, healthcare provider, and cost information?

- [www.coupehealth.com](http://www.coupehealth.com) is the website for the Coupe Health member portal where you can access all the tools and programs that support you and your Health Plan.
- In addition to the member portal, you can access Health Plan support by contacting your Coupe Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969** to obtain physician and cost information. This information is also found on the “Support” and “Contact Us” links in the Coupe Health member portal.

### 2. How do we sign up for the Coupe Health App to get a login?

- You will be able to download the app when your health plan coverage becomes effective. In the meantime, you may contact the Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969** to obtain physician and financial information.

## Coupe Health Valet

### 1. What is a Coupe Health Valet and how can they help me?

- Your Coupe Health Valet is a concierge resource that can help you navigate your health with confidence.
- Your Health Valet can assist with a variety of different situations as noted below:
  - Assist in finding a high-quality provider.
  - Help set-up appointments before your first visit.
  - Answer any of your questions on all things Coupe Health such as billing questions, doctor questions or even general insurance questions.

### 2. How do Health Valets work?

- A concierge Health Valet experience is different than a traditional customer service experience. You will have the opportunity to work with a dedicated Health Valet to resolve your healthcare needs or questions until resolved. Since the Health Valet provides a more customized experience, a Health Valet will generally take your request, research the best possible solution for you, and present that solution back to you within one business day.

### 3. What is the easiest way to work with a Health Valet?

- While you can reach out to a Health Valet via phone or email, email is the fastest way to interact with your dedicated Health Valet who is listed on the Health Valet card in your Coupe Health member portal.

### 4. Will I only work with one Health Valet?

- There is at least one dedicated Health Valet for members. However, other Health Valets may take your incoming phone calls or deliver your solution if your dedicated Health Valet is out of the office.

### 5. What are the service hours for the Health Valet?

- Monday – Friday 8am to 8pm Central Standard Time

### 6. How do I contact my Coupe Health Valet?

- Access your Coupe Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or 833-749-1969.
- You may also access contact information for your Health Valet on the Coupe Member Portal and on the app as well.
  - Simply Log-in and select the “Benefits” section, from here you can browse your tiles and select the “A Way to get Help: Talk to your Health Valet” tile.



## Pharmacy

### 1. Who provides or administers my pharmacy benefits with Coupe Health?

- Coupe Health Pharmacy Plans are provided by Prime Therapeutics LLC (Prime Therapeutics). Specific information on how your pharmacy can contact Prime Therapeutics is found on the back of your insurance ID card. Even if your pharmacist is not personally familiar with Prime Therapeutics, the pharmacist can use the information on your insurance ID card to process your pharmacy benefits.

### 2. What is different about Coupe Health pharmacy benefits?

- Coupe Health pharmacy plans offer you full traditional pharmacy benefits like all other major managed pharmacy benefit plans. The medications and pharmacies you are used to using will still be available to you if covered by your health plan. The ways in which Coupe is different than your traditional pharmacy benefit plans are as follows:
  - i. You no longer pay pharmacy copays to your pharmacy, and your pharmacist will no longer be able to quote you the amount of your copay. (Please check medication prices in advance via the Coupe Health member portal since you do not pay your out-of-pocket costs directly to the pharmacy but rather to Coupe Health on a Coupe plan.)

### 3. What if my pharmacist tells me I do not owe any out-of-pocket costs for medication? Is that always true?

- No. 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). We pay your pharmacy the full cost of your medication, so you do not have to worry about making payment when you pick up your medications. This also means it looks like you do not owe anything to your pharmacy. While not all medications have an out-of-pocket cost, please go to [www.coupehealth.com](http://www.coupehealth.com) and log-in to check medication prices under the Benefits Tab card labeled "Find Drug Prices".

### 4. What do I need to know about using a specialty medication?

- Specialty products are typically injectable drugs that can be self-administered by a patient or family member and are used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis. Specialty medications covered by Coupe Health pharmacy benefits must be processed through Prime Therapeutics Specialty Pharmacy. Specialty medications generally require prior authorization and clinical review by Prime Therapeutics so please plan ahead as these steps commonly take 5 business days to complete.

### 5. What is a prior authorization or step therapy?

- When you look up the cost of a medication on the Coupe Health member portal ([www.coupehealth.com](http://www.coupehealth.com)) under "Find Drug Prices", you may see a yellow warning box at the top of the pricing page that indicates prior authorization or step therapy is required before the medication can be approved and paid for by the health plan. For prior authorization and step therapy, the Prime Therapeutics medical team reviews clinical documentation received from your doctor regarding the medication and medical condition. This information is essential to compare to industry best practices and quality standards to ensure the medication is appropriate. Step therapy means that you have tried and failed to use an alternative medication for your treatment plan prior to the plan approving the requested medication to be filled.
- The prior authorization review process generally takes 5 business days to complete once



the clinical information is received from your physician.

- Once the requested information is received from your doctor, the clinical review team will review the information and complete the prior authorization process.
- Prime Therapeutics will advise you and your physician of the prior authorization decision.

## 6. What do I do if my pharmacy tells me my medication requires Prior Authorization?

- When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical appropriateness before it will be covered by the plan. **Please reach out to a Coupe Health Valet for assistance in contacting your provider to start the prior authorization process or for any questions regarding a prescription claim. You can connect with a Health Valet by calling 833-749-1969.**

## 7. What do I do if I believe I'm taking a medication which requires prior authorization or falls under step therapy?

- If under "Find Drug Prices" at [www.coupehealth.com](http://www.coupehealth.com) your medication indicates prior authorization or step therapy is required:
  - **Call the Coupe Health Valet Team for assistance!** The Coupe Health Valet Team is available during open enrollment to answer your questions on the Coupe Health plan offered in 2025. The Health Valet team can be contacted at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**, Monday through Friday 8AM-8PM
  - The Coupe Health Valet can contact your doctor and advise a prior authorization is required and provide details on how they can submit additional information.

## 8. Can I utilize the mail order program for my maintenance medications?

- Yes. For assistance in signing up for the Prime Therapeutics mail order program, contact a Coupe Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or **833-749-1969**.
- Some Coupe Health plans may require you to get your maintenance medications through the mail order program. Check your Coupe member portal at [www.coupehealth.com](http://www.coupehealth.com) by going to Benefits, then Find Drug Prices, to look up your drug and see if mail order is the only method covered by your plan.

## 9. What happens if my medication costs less than the copay on my Coupe Health pharmacy benefits?

- You never pay more than the full cost of the medication. If the medication costs less than your applicable copay, you will only pay the cost of the medication and not the higher copay amount. On your statement, this will look like you paid the full cost of the medication, and the plan did not pay anything but that means you paid an amount less than the standard copay amount.

## 10. What are the biggest essentials to know when using the Coupe Health pharmacy benefit?

- The two biggest member essentials to know when using the Coupe Health pharmacy benefits are:
  - i. Knowing the Price of a Medication prior to filling it at the Pharmacy – Many of us have become accustomed to the pharmacy telling us the price of a medication. Since Coupe Health pays the full cost of the prescription to your pharmacy up front, they will not know your copay. We recommend looking up the cost of your medication prior to going to the pharmacy by visiting your Coupe member portal ([www.coupehealth.com](http://www.coupehealth.com)) and selecting "Find Drug Prices" on the Benefits tab.

## Claims & Statements

Near the middle of each month, you will receive a Coupe Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on Coupe Health statements at the end of the month, but Coupe wants to make the payment of those statements as simple as possible for you by sharing the following helpful hints:

### 1. What is a Coupe Health Statement?

- Instead of having to pay for care at the time of service, with Coupe Health you will receive a monthly statement that details your charges for that month. Near the middle of each month, you will receive a Coupe Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on Coupe Health statements at the end of the month.

### 2. Why don't I receive an Explanation of Benefits (EOB) anymore?

- Providers submit your claim to BCBS. The payment is paid in full by Coupe and the out-of-pocket cost you owe will post to your Coupe statement. You owe NO out-of-pocket cost to the provider. You will find all costs that have incurred during the month, posted to your monthly statement which serves as your primary Explanation of Benefits on a Coupe Health plan. Additional detailed information about your claims in a format like a traditional EOB can be found in the Claims and Statements section of the Coupe Health member portal at [www.coupehealth.com](http://www.coupehealth.com).
- If a provider tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket you owe to the health plan.

### 3. Pay Your Statement in Full and Receive a Credit on Your Next Statement

- If you pay your Coupe statement in full by the due date, we will give you back 1.5% of that statement's balance as a credit on your next statement. There is no better reward for paying your statements in full and on time!

**Note: This credit does not apply when paying off statement balances that include charges from a previous / outstanding balance.**

### 4. Accessing Your Statement Once Available

- You will be notified by email and text (if provided) when your statement is ready to view online. Unless you have chosen the paperless option (see #11), you will also receive your statement in the mail a few days later.
- If you are enrolled in the Coupe Health plan, you will be able to access your statements from the Coupe Health member portal at [www.coupehealth.com](http://www.coupehealth.com). Sign in, and on the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. You will find your statements in **E-Documents**.
- The first page of your statement also includes a direct link to your Claims & Statements dashboard. To sign in using this link, you will need to input your first name, last name,

member ID (located at the top of your statement), date of birth, and the last four digits of your Social Security Number. **Note:** If your member ID has leading zeros (i.e.: 00712345), include these while signing on.

## 5. Reading Your Statement


**Previous Balance:** Your Amount Due from the previous billing period.

**Payments Made:** Any payments you made against your Previous Balance during the previous billing period.

**Current Charges:** The total of new copay amounts processed during the billing period noted on the statement. An itemized list of charges is available on subsequent pages.

**Amount Due:** This is the remaining balance you now owe.

**Minimum Due:** This is the minimum amount you must pay by the Due On date, or you will start autopayments under the Coupe Automatic Payment Plan (see #9). Additional information about the Automatic Payment Plan is available in the “To Submit Payment” section of the statement and in #9-10 below.

<b>COUPE HEALTH</b>		<b>MONTHLY STATEMENT</b>	
 PO Box 80 Des Moines, IA 50301	Member ID	[REDACTED]	
	Billing Period	03/01/2021-03/31/2021	
	Statement Date	04/07/2021	
	Due On	04/30/2021	
<b>ACCOUNT SUMMARY</b>			
	Previous Balance		\$4,889.57
	Payments Made		\$160.00
	Current Charges		\$60.00
	<b>Amount Due</b>		<b>\$4,789.57</b>
	Minimum Due		\$100.00
New contact information? Please provide your new address, e-mail, or phone number to your HR or Employee Benefits team.			

## 6. Reading Your Portal Dashboard

**Previous Balance:** Your Previous Balance amount on your most recent statement (the Amount Due from your statement prior to that one).

**Payments Made:** Any payments you made against your Previous Balance during the previous billing period on your most recent statement.

**Current Charges:** The total of new copay amounts processed during the billing period of your most recent statement.

**Fees:** If you have any late fees, they will be listed here.

**Amount Due By:** The balance on your most recent statement that you now owe by the displayed date. Please make sure to send your payment with enough time for it to process by the due date. If your payment misses the due date even by a day, you will be moved to automatic payments through Coupe’s Payment Plan.

**Current Payments Made:** Any payments you have made against your Amount Due during the current billing period.

Previous Balance	\$67.63	
Payments Made	\$67.63	
Current Charges	\$645.92	
Fees	\$0.00	
<b>Amount Due By 03/28/2021</b>	<b>\$645.92</b>	<a href="#" style="border: 1px solid black; padding: 2px 10px;">Pay Now</a>
Current Payments Made	\$200.00	
<b>Net Amount Due</b>	<b>\$445.92</b>	

**Net Amount Due:** The remainder of the Amount Due that you now owe after all payments you have made during the current billing period have posted to your account. Use this amount to calculate what will be left on your account after making the minimum payment or to see how much you would need to pay in order to pay off your balance in full.

**Note:** To see your Minimum Due amount in the portal, please open your most recent statement on the E-Documents tab, or go to the Make a Payment tab and click on the drop-down for "Payment Amount". You must pay the Minimum Due amount by the Due On date, or you will be enrolled in Coupe Automatic Payment Plan (see #9). Additional information about the Automatic Payment Plan is available in the "To Submit Payment" section of the statement and in #9-10 below.

## 7. Paying Your Statement

- Paying Online

Log into Coupe Health member portal at [www.coupehealth.com](http://www.coupehealth.com). On the **Benefits** page, search or go to "View All" to get to **Claims & Statements** and click **Start Now**. On your Claims & Statements dashboard, click **Pay Now** or go to **Make a Payment**. If you do not have a payment method saved, click **+ New Pay Account** to add a card or account. On the **Make a Payment** page, select the payment date and amount, then click **Next** and follow the prompts to complete your payment.

- Paying by Check

If you would like to pay your statement by check, please detach the payment coupon at the bottom of your statement and mail it with your check to: Coupe Health, PO Box 80, Des Moines, IA 50301.

## 8. If I want to pay my statement in full, can that be automatically debited from my account?

- Yes, you can elect to pay your Coupe balance in full each month. To pay your statement in full, please follow the link on your Coupe employer site to complete an updated Member Financing Onboarding Form. You will need to elect "Auto-Pay Full Balance".

## 9. How does the Automatic Payment Plan work when you do not pay at least your minimum due by the due date?

- The Automatic Payment Plan is a Coupe Health payment feature designed to help you stay current with your minimum payments. The Automatic Payment Plan starts if you do not make the minimum payment by the statement due date. Once the Automatic Payment Plan starts, it will pay the amount elected (minimum/full balance) each month until the balance is paid off in full, utilizing the pay account you provided or by saving a default pay account on your Claims & Statements portal.

**Note:** Authorizing a payment account to support the Automatic Payment Plan when active is a requirement for enrollment in a Coupe plan.

## 10. How do I stop participating in the Automatic Payment Plan?

- You will come out of the Automatic Payment Plan once your balance is paid in full, unless Auto-Pay was elected on your Member Financial Onboarding Form. You can pay off the balance at any time while in the Automatic Payment Plan by making an additional payment for the difference between the Amount Due and the Minimum Due.

**Note: Once you are in the Automatic Payment Plan, please allow your designated account to pay your elected amount in the current billing period to avoid possible overpayments.**

## 11. Changing your preferences

- In your **Claims & Statements** dashboard, click **Profile & Settings**. If you want to change your email address for your statements, click **Profile** to update the statement delivery system with your new address. For payment alerts and to turn off paper statements, please go to **Notification Preferences** and make the appropriate selections.

If you want to change the mailing address for your statements, you will need to update your mailing address with your employer's HR/Benefits team.

## 12. Will I receive an alert when payment is due?

- You will be notified by email and text (if provided by your employer) when your statement is ready to view online. Unless you have chosen the paperless option, you will also receive your statement in the mail a few days later. Statements are generally posted approximately 5 business days after the end of the prior month.

## 13. Where do I see the minimum amount due each month?

- The minimum amount due is clearly listed at the stop of your statement or you can view minimum amount due by clicking on "Make a Payment" at top of the Claims and Statement portal, then clicking the Payment Amount drop-down to see the Minimum Due.

## 14. What do I do if I am being charged at the doctor's office or pharmacy during my visit?

- Provide the doctor your member ID card and show them the section where it states "No patient responsibility owed at the time of service. Plan will pay provider the full contract rate". If the provider still tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket amount you owe to the health plan.

## 15. What if my pharmacist or doctor tells me I do not owe any out-of-pocket costs for medication? Is that always true?

- No. On a Coupe Health Plan, you pay your out-of-pocket cost or copays to Coupe Health and not to your healthcare providers. We pay your providers the full cost of your care so you do not have to worry about making payment when you receive care but that also means that it looks like you do not owe anything to your providers. Please go to [www.coupehealth.com](http://www.coupehealth.com) and log-in to check the cost of care for your health plan.

**16. What if the provider bills me after my service? What if there is a discrepancy between what the provider says I owe and the Coupe copay?**

- In the event there is a question, or you receive a bill from a provider, please contact your Coupe Health Valet at [HealthValet@CoupeHealth.com](mailto:HealthValet@CoupeHealth.com) or 833-749-1969.

**17. What do I do if I have secondary insurance coverage or receive financial assistance from a provider?**

- Coupe Health plans do not coordinate with secondary insurance or provider financial assistance.

**18. Can coverage for testing or procedures be denied?**

- Yes. In the event a procedure or test is not medically necessary or excluded, it will be denied. You would be responsible for the cost of any non-covered or non-approved services billed to you by a provider. Please ensure you or your provider contacts the Provider Service line on your member ID card to verify any pre-certification requirements for the services you are requesting.

**19. Do the copays go towards the Out-of-Pocket?**

- Yes. All in network out-of-pocket amounts count towards your out-of-pocket maximum. Please see your Coupe statement to see how much out-of-pocket cost has accumulated towards your benefit plan's out-of-pocket max. Please be aware, that out of-pocket amounts for providers not in your network will not count towards your out-of-pocket maximum.

**20. In the event a PCP performs lab work in his office, is only the PCP copay applicable?**

- Yes. If routine lab work is performed the same day as the office visit, only one bundled office visit copay applies. If lab work is done on separate days, separate copays apply.

**21. Are there any fees associated with online or credit card payments of the Coupe statement?**

- No. Payments and payment plans to Coupe Health have no fees.

## Additional Questions

1. **Are there any fees associated with online or credit card payments of the Coupe statement?**
  - NO-there are no fees for using a credit card as a payment option
2. **Can we access the microsite now to find provider tiers?**
  - Yes-microsite is available to all employees during Open Enrollment (and new hires during their onboarding timeframe).
3. **Is completing the financial form establishing a line of credit?**
  - Yes-by completing the financial form, the employee is establishing a line of credit up to their out-of-pocket maximum (and their covered dependent(s')) out-of-pocket maximum(s) on the Coupe plan.
4. **When you select the plan, is the pricing salary-based?**
  - Yes-Allianz uses Salary Tiering (1, 2, and 3) to set premium contribution amounts for employees.
5. **If I am planning an upcoming surgery, do I need to reach out to Health Valet or pre-register?**
  - Pre-registration is not required, but we strongly encourage reaching out to Coupe's Health Valet Team – in advance of the surgery - to verify benefits, coverage, and provider tiering (green, yellow, or green).
6. **If I have an inpatient stay/surgery-what is the copay based on?**
  - The copay is based on the physician's tiering (each provider has an NPI or National Provider Index)
  - The copay is based on the primary surgeon's tiering (as part of the bundled copays, this applies even when there are additional providers involved in a surgery, i.e. a second surgeon, anesthesiologist, etc.)
7. **Is the prescription coverage the same on Coupe?**
  - Coupe is a copay plan, so there will be a copay associated with every covered prescription
  - Both BCBS MN plans and the Coupe plan use Prime Therapeutics as their pharmacy benefit manager
  - Both BCBS MN plans and the Coupe plan use the same Prime Therapeutics drug list (formulary), which can change slightly from year to year
  - You can go to any in-network pharmacy, you will pay the same price for the same drug
8. **If you are travelling out of state, you should seek in-network care for scheduled doctor's visits**
  - However, there is out-of-network coverage for ER and Ambulance
9. **Is this the same coverage as the Copay plan is today?**
  - The Tier 1/Green copays on the Coupe plan should mirror the copays on the BCBSMN Copay plan today
10. **How do doctors and facilities get compensated in this plan?**
  - Providers (doctors and facilities) are paid their full contracted rate by Coupe



## COUPE HEALTH

- Please note that Allianz has a self-funded plan, so Allianz reimburses Coupe for all claims incurred by its covered employees and their dependents

**11. Coordination of Benefits (COB): If you are covered by two different insurance plans (a spouse's plan, a parent's plan, medical assistance, or Medicare), we recommend that you NOT take Coupe**

- On a Coupe plan, the member is responsible for coordinating the benefits and requesting reimbursement from a second carrier. (Please note that receiving reimbursement from a secondary insurance plan can be difficult because the provider has been paid in full by Coupe, so you will be asking the other insurance plan to reimburse you for your Copay under the Coupe plan).

**12. True Care Health Onsite Clinic: Onsite visits are \$0, same as the \$0 copay as on the premium plan today.**

- There may be a charge for a prescription.

**13. If I get my monthly bill and it is over \$2k but I can't afford the monthly minimum payment amt (I think it's \$375/mo?), can I still make payments that are lower than the monthly minimum? Will Coupe work with me to establish a lower payment amt that I can afford?**

- Coupe will work with members and can set up custom payment plans. Members will need to connect with their Health Valet to get a custom payment plan set up.

**14. What if I miss paying one of my monthly invoices (either because I can't afford the payment that month or I just forget)? Will Coupe automatically put a transaction through on my credit card (if that's the payment method I have on file)?**

- If a minimum payment due is missed, the member is entered into the automatic payment plan and a payment using the account they have on file would be processed.