

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Allianz Life

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

Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1 Providers	⊖ Tier 2 Providers	⚠ Tier 3 Providers	
Calendar Year Deductible (Indiv/Family)	\$0 / \$0			No Coverage
Out-of-Pocket Maximum* - Embedded (Includes copays - combine with prescription)	\$3,250 Individual \$6,500 Family (capped at \$3,250 per person)			No Coverage
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	✔ Tier 1 Providers	⊖ Tier 2 Providers	⚠ Tier 3 Providers	
Physician Services				
Primary Care Physician	\$20	\$25	\$40	No Coverage
True Care Health Center	\$0 Medical and Mental Health (in-person and virtual care)			
Specialist	\$40	\$50	\$80	No Coverage
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			No Coverage
Adult Physical Examination (including routine GYN visit)	No Charge			No Coverage
Routine Eye Care	No Charge			No Coverage
COVID 19 Vaccine	No Charge			No Coverage
Breast Cancer Screening	No Charge			No Coverage
Pap Test	No Charge			No Coverage
Prostate Cancer Screening	No Charge			No Coverage
Colorectal Cancer Screening	No Charge			No Coverage
Telehealth Services				
Doctor on Demand	No Charge			No Coverage
Maternity				
Initial Prenatal Office Visit	\$20	\$25	\$40	No Coverage
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$1,655	\$2,210	\$3,200	No Coverage
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,655	\$2,210	\$3,200	No Coverage
Outpatient Hospital	\$600	\$800	\$1,355	No Coverage
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,450	\$1,930	\$3,200	No Coverage
Ambulatory Surgical Center	\$600	\$800	\$1,355	No Coverage
Home Health Care	\$40	\$50	\$80	No Coverage
Hospice Care (See Plan Document for coverage details)	\$200	\$265	\$445	No Coverage

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Allianz Life

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

Network: BlueCard® PPO Network

	In-Network			Out-of-Network
Medical Services	✔ Tier 1 Providers	⊖ Tier 2 Providers	! Tier 3 Providers	
Radiology Services				
Diagnostic X-Rays	\$45	\$60	\$105	No Coverage
Advanced Imaging (MRI, MRA, CT & PET Scans)	\$185	\$245	\$410	No Coverage
Laboratory Services				
Basic Labs	\$10	\$15	\$25	No Coverage
Advanced Diagnostic Labs	\$45	\$60	\$105	No Coverage
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$250 (all providers)			
Ambulance Services	\$250 (all providers)			
Urgent Care Facility	\$75 (all in-network tiers)			No Coverage
Mental Disorders & Substance Use Disorders				
Office Visit	\$0	\$0	\$0	No Coverage
Inpatient	\$1,655	\$2,210	\$3,200	No Coverage
Outpatient (See Plan Document for coverage details)	\$20	\$25	\$40	No Coverage
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$40	\$50	\$80	No Coverage
Outpatient Therapies (PT, OT, ST)	\$20	\$25	\$40	No Coverage
Acupuncture (with qualifying condition)	\$40	\$50	\$80	No Coverage
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$85	\$110	\$185	No Coverage
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing (copay may apply if other services performed, or if service is done at facility other than provider's office)	\$0	\$0	\$0	No Coverage
Bariatric Surgery (1 Bariatric Surgery per Lifetime)	See Plan Document for coverage details			No Coverage
Transplants	\$1,655	\$2,210	\$3,200	No Coverage
Fertility Treatment (See Plan Document for coverage details)	Covered - Benefit Maximum of \$35,000 (medical and Rx combined) per Lifetime			No Coverage

*Diabetic supplies that are provided by an in-network preferred provider will be paid according to the applicable category of this Medical Schedule of Benefits, such as Durable Medical Equipment (DME).

Medical Network: BlueCard® PPO Network

How to Find a Provider: Log into your member portal at <https://member.coupehealth.com/> and go to "Find & Price Care".

For questions about your Coupe Health Plan, please contact your Coupe Health Valet:

Email: healthvalet@coupehealth.com

Phone: 1-833-749-1969

Powered by  MN

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Allianz Life

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

Network: BlueCard® PPO Network

Pharmacy Drug Vendor: Prime Therapeutics

Pharmacy Benefits

NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

If you reach your out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies
Tier 1 Drugs (Generic)	\$10 copay/prescription (retail) \$25 copay/prescription (mail service) \$25 copay/prescription (90day Rx / retail)	No Coverage
Tier 2 Drugs (Non-Preferred Generic)	\$75 copay/prescription (retail) \$150 copay/prescription (mail service) \$150 copay/prescription (90day Rx / retail)	No Coverage
Tier 3 Drugs (Preferred Brand)	\$35 copay/prescription (retail) \$70 copay/prescription (mail service) \$70 copay/prescription (90day Rx / retail)	No Coverage
Tier 4 Drugs (Non-Preferred Brand)	\$75 copay/prescription (retail) \$150 copay/prescription (mail service) \$150 copay/prescription (90day Rx / retail)	No Coverage
Specialty Drugs	\$125 copay/prescription	No Coverage

Pharmacy Drug Vendor: Prime Therapeutics

How to Find a Drug: Look up the cost of your medications in the Coupe member portal under "Find & Price Care". Please refer to the preventive drug list found on the "Plan & Coverage" tab in the Coupe Health Member Portal for all preventive medications covered at 100% with a \$0 cost to you.

Visit <https://member.coupehealth.com/> for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require a prior authorization before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create right not given through the benefit plan.