

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Best Buy Plan Option 1

Plan Year: January 1st, 2025 - December 31st, 2025

Network: BlueCard® PPO Network

This plan covers **82%** of the total cost of care for your employees

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible (Indiv/Family)	\$0			None
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$4,000 / \$8,000			None
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	\$35	\$55	\$90	N/A
Retail Health Clinic	\$35	\$55	\$90	N/A
Specialist	\$45	\$80	\$135	N/A
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			N/A
Adult Physical Examination (including routine GYN visit)	No Charge			N/A
COVID 19 Vaccine	No Charge			N/A
Breast Cancer Screening (any age)	No Charge			N/A
Pap Test	No Charge			N/A
Prostate Cancer Screening	No Charge			N/A
Colorectal Cancer Screening	No Charge			N/A
Telehealth Services				
Doctor on Demand (Default)	\$35			N/A
Maternity				
Initial Prenatal Office Visit	\$35	\$55	\$90	N/A
Prenatal Office Visit	No Charge			N/A
Delivery & Postnatal Care	\$1,300	\$1,925	\$3,225	N/A
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,350	\$2,750	\$3,350	N/A
Outpatient Hospital	\$200	\$600	\$1,200	N/A
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$2,350	\$2,750	\$3,350	N/A
Ambulance Services	\$1,000			
Ambulatory Surgical Center	\$200	\$600	\$1,200	N/A
Home Health Care (120 visits per plan year)	\$70	\$90	\$140	N/A
Home Infusion	\$45	\$80	\$135	N/A
Hospice Care	\$300	\$400	\$500	N/A

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$80	\$110	\$180	N/A
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$250	\$650	\$1,300	N/A
Laboratory Services				
Basic Labs	\$0	\$10	\$30	N/A
Advanced Diagnostic Labs	\$250	\$350	\$700	N/A
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$950			
Urgent Care Facility	\$100	\$150	\$200	N/A
Mental Disorders & Substance Use Disorders				
Office Visit	\$35	\$55	\$90	N/A
Inpatient	\$2,350	\$2,750	\$3,350	N/A
Outpatient	\$150	\$180	\$250	NA
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$35	\$55	\$90	N/A
Outpatient Therapies (PT, OT, ST) (120 visits per plan year)	\$35	\$55	\$90	N/A
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$130	\$170	\$285	N/A
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$55	\$90	N/A
Acupuncture (30 visits per plan year)	\$35	\$55	\$90	N/A
Transplants (BDC Travel/lodging \$10,000 lifetime maximum)	\$2,350	\$2,750	\$3,350	N/A
Weight Control/Bariatric Surgery (\$75,000 Lifetime Benefit)	One (1) per person per lifetime			N/A
Temporomandibular Joint Dysfunction	\$1,000 Lifetime maximum per person for nonsurgical treatment			N/A
Hearing Aids	Hearing aid maximum of \$1,000 per person per ear up to age 19 Hearing aid maximum of \$1,000 per person per ear every 36 months for age 19 and over			N/A

*Diabetic equipment and supplies provided by Omada are covered at \$0. All other 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: Aware® / BlueCard® PPO Network

How to Find a Provider: Log into your member portal at www.coupehealth.com and click on "Find a Doctor and Compare Costs" under the "Benefits" tab.

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

Email: healthvalet@coupehealth.com

Phone: 1-833-749-1969

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