

# COUPE HEALTH

## Coupe Health Benefits Summary: Copay Plan

Client Name: Bethel University

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			N/A
Out-of-Pocket Maximum (Indiv/Family)	\$4,000 / \$8,000			N/A
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	! Tier 3	
<b>Physician Services</b>				
Primary Care Physician	\$25	\$35	\$70	\$85
Retail Health Clinic	\$25	\$35	\$70	\$85
Specialist	\$40	\$55	\$95	\$110
<b>Preventative Services &amp; Routine Care</b>				
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
<b>Telehealth Services</b>				
E-Visits	\$25	\$35	\$70	\$85
<b>Maternity</b>				
Initial Prenatal Office Visit	\$25	\$35	\$70	\$85
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$2,530	\$3,365	\$4,000	\$6,835
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)</b>				
Inpatient Hospital	\$2,530	\$3,365	\$4,000	\$6,835
Outpatient Hospital	\$830	\$1,105	\$1,865	\$2,240
Skilled Nursing Facility (120 days combined max per plan year)	\$2,300	\$3,060	\$4,000	\$6,210
Ambulance Services	\$405			
Ambulatory Surgical Center	\$830	\$1,105	\$1,865	\$2,240
Home Health Care (120 visits per plan year)	\$55	\$70	\$120	\$140
Home Infusion	\$40	\$55	\$95	\$110
Hospice Care	\$285	\$375	\$635	\$765

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$70	\$95	\$155	\$190
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$260	\$345	\$585	\$700
<b>Laboratory Services</b>				
Basic Labs	\$20	\$25	\$40	\$50
Advanced Diagnostic Labs	\$70	\$95	\$155	\$190
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room			\$405	
Urgent Care Facility			\$55	
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$25	\$35	\$70	\$85
Inpatient	\$2,530	\$3,365	\$4,000	\$6,835
Outpatient	\$830	\$1,105	\$1,865	\$2,240
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$40	\$55	\$95	\$110
Outpatient Therapies (PT, OT, ST) (20 visits per plan year)	\$40	\$55	\$95	\$110
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) / Item	\$115	\$155	\$260	\$315
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$40	\$55	\$95	\$110
Acupuncture	\$40	\$55	\$95	\$110
Transplants	\$2,530	\$3,365	\$4,000	\$6,835

## Pharmacy Drug Vendor: Prime Therapeutics Rx

### Pharmacy Benefits

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

Rx Network: Select Network  
Rx Formulary: FlexRx

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

#### Retail Pharmacy

Preferred Generic Drugs	\$8
Non-Preferred Generic Drugs	\$60
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	\$60

#### Specialty Drug Program

Tier 1 -- Specialty Drugs* (Up to a 30-day Supply)	\$150
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\*Specialty medications are required to be filled through a Specialty Pharmacy.

#### Mail Order (90 Day Supply)

Preferred Generic Drugs	\$16
Non-Preferred Generic Drugs	\$120
Preferred Brand Drugs	\$60
Non-Preferred Brand Drugs	\$120

#### Drug Descriptions

Preferred Generic Drugs	All preferred drugs are covered at this copay level.
Non-Preferred Generic Drugs	All non-preferred generic drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
Preferred Brand Drugs	All preferred drugs are covered at this copay level.
Non-Preferred Brand Drugs	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.