

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Cuningham Group Architecture

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

Network: Aware®/BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible (Medical and Rx combined)	\$0			\$0
Out-of-Pocket Maximum - Embedded **Single/Family (Medical and Rx combined)	\$6,000 / \$9,000			Unlimited
**In-network Out-of-Pocket applies to in-network services only; Out-of-network Out-of-Pocket is unlimited.				
	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Physician Services				
Primary Care Physician	\$25	\$30	\$50	\$60
Retail Health Clinic	\$25	\$30	\$50	\$60
Specialist	\$45	\$60	\$100	\$120
Preventative Services & Routine Care				
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	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Virtual Care	No Charge			N/A
Maternity				
Initial Prenatal Office Visit	\$25	\$30	\$50	\$60
Prenatal Office Visit	No Charge			\$60
Delivery & Postnatal Care	\$2,275	\$3,305	\$5,000	\$6,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,275	\$3,305	\$5,000	\$6,000
Outpatient Hospital	\$740	\$985	\$1,645	\$1,975
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$2,010	\$2,680	\$4,470	\$5,365
Ambulance Services	\$375			
Ambulatory Surgical Center	\$740	\$985	\$1,645	\$1,975
Home Health Care	\$45	\$60	\$100	\$120
Home Infusion	\$45	\$60	\$100	\$120
Hospice Care	\$245	\$330	\$550	\$660

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚠ Tier 2	❗ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$65	\$85	\$145	\$175
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$230	\$305	\$505	\$605
Laboratory Services				
Basic Labs	\$15	\$20	\$35	\$40
Advanced Diagnostic Labs	\$65	\$85	\$145	\$175
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$375			
Urgent Care Facility	\$80			
Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$30	\$50	\$60
Inpatient	\$2,275	\$3,305	\$5,000	\$6,000
Outpatient	\$740	\$985	\$1,645	\$1,975
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$45	\$60	\$100	\$120
Outpatient Therapies (PT, OT, ST)	\$45	\$60	\$100	\$120
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$100	\$135	\$230	\$275
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$45	\$60	\$100	\$120
Acupuncture	See plan document for specific coverage based on age/necessity			
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$2,275	\$3,305	\$5,000	\$6,000

Medical Network: Aware® / BlueCard® PPO Network

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

Email: healthvalet@coupehealth.com

Phone: 1-833-749-1969

Pharmacy Drug Vendor: Prime Therapeutics

Rx Network: Select Network

Rx Formulary: FlexRx Open

Pharmacy Benefits

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

Single
Family

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		Copay
Retail Pharmacy (Up to a 30-day supply)		
Preferred Generic Drugs (Tier 1)		\$10
Preferred Brand Drugs (Tier 2)		\$40
Non-Preferred Generic Drugs		\$70
Non-Preferred Brand Drugs		\$70
Specialty Drug Program (Up to a 30-day supply)		
Specialty Drugs*		\$200
*Specialty medications are required to be filled through a Specialty Pharmacy		
Mail Order (90-day Supply)		
Preferred Generic Drugs (Tier 1)		\$30
Preferred Brand Drugs (Tier 2)		\$80
Non-Preferred Generic Drugs		\$140
Non-Preferred Brand Drugs		\$140