

# COUPE HEALTH

## Coupe Health HDHP Benefits Summary

Client Name: Cuningham Group Architecture  
 Plan Year: January 1st, 2026 - December 31st, 2026  
 Network: Aware®/BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible - Non-Embedded *Single/Family (Medical and Rx combined)		\$2,000 / \$4,000		\$2,000 / \$4,000
<b>Deductible must be satisfied before copays apply except when No Charge is indicated</b>				

\*Deductible does not cross apply between In-Network Tiers 1, 2, 3 and Out-of-Network.

Out-of-Pocket Maximum - Non-Embedded **Single/Family (Medical and Rx combined)		\$6,000 / \$9,000		Unlimited
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\*\*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	
<b>Physician Services</b>				
Primary Care Physician	\$20	\$25	\$40	\$50
Retail Health Clinic	\$20	\$25	\$40	\$50
Specialist	\$35	\$50	\$80	\$95
<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		See plan document for specific coverage based on age/necessity		
Colorectal Cancer Screening		See plan document for specific coverage based on age/necessity		
<b>Telehealth Services</b>				
Virtual Care		No Charge		N/A
<b>Maternity</b>				
Initial Prenatal Office Visit	\$20	\$25	\$40	\$50
Prenatal Office Visit		No Charge		\$50
Delivery & Postnatal Care	\$1,640	\$2,180	\$3,690	\$4,425
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)</b>				
Inpatient Hospital	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient Hospital	\$535	\$715	\$1,205	\$1,445
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,445	\$1,920	\$3,250	\$3,900
Ambulance Services		\$305		
Ambulatory Surgical Center	\$535	\$715	\$1,205	\$1,445
Home Health Care (120 days combined max per plan year)	\$35	\$50	\$80	\$95
Home Infusion	\$35	\$50	\$80	\$95
Hospice Care	\$180	\$240	\$405	\$485

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$50	\$65	\$105	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$165	\$215	\$365	\$435
<b>Laboratory Services</b>				
Basic Labs	\$10	\$15	\$30	\$35
Advanced Diagnostic Labs	\$50	\$65	\$105	\$125
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room		\$305		
Urgent Care Facility		\$65		
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient	\$535	\$715	\$1,205	\$1,445
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$35	\$50	\$80	\$95
Outpatient Therapies (PT, OT, ST)	\$35	\$50	\$80	\$95
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) / Item	\$75	\$100	\$170	\$205
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$35	\$50	\$80	\$95
Acupuncture (20 visits per calendar year)	\$35	\$50	\$80	\$95
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$1,640	\$2,180	\$3,690	\$4,425

## 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)

Preventive prescription drugs on the FlexRx preventive drug list	No charge
Preferred Generic Drugs (Tier 1)	\$5
Preferred Brand Drugs (Tier 2)	\$15
Non-Preferred Generic Drugs	\$20
Non-Preferred Brand Drugs	\$20

#### Specialty Drug Program (Up to a 30-day supply)

Specialty Drugs*	\$200
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\*Specialty medications are required to be filled through a Specialty Pharmacy

#### Mail Order (90-day Supply)

Preventive prescription drugs on the FlexRx preventive drug list	No charge
Preferred Generic Drugs (Tier 1)	\$15
Preferred Brand Drugs (Tier 2)	\$30
Non-Preferred Generic Drugs	\$40
Non-Preferred Brand Drugs	\$40