

COUPE HEALTH

Brookshire Grocery Company - Coupe B
 Plan Year: January 1st, 2025 - December 31st, 2025
 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) (Includes copays - combine with prescription drug card)	\$7,500 / \$15,000			N/A

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	\$65	\$85	\$145	\$175
Retail Health Clinic	\$65	\$85	\$145	\$175
Specialist	\$90	\$120	\$200	\$240
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			Not Covered
Adult Physical Examination (including routine GYN visit)	No Charge			Not Covered
COVID 19 Vaccine	No Charge			Not Covered
Routine Mammogram (any age)	No Charge			Not Covered
Pap Test	No Charge			Not Covered
Prostate Cancer Screening	No Charge			Not Covered
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			Not Covered
Telehealth Services				
Virtual Primary Care (MDLive)	\$20 Copay then covered at 100%			
Maternity				
Initial Prenatal Office Visit	\$65	\$85	\$145	\$175
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$3,000	\$3,825	\$4,635	\$5,565
Hospital / Surgical Center or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital (per admission)	\$3,000	\$3,825	\$4,635	\$5,565
Outpatient Hospital	\$2,000	\$2,750	\$3,250	\$3,900
Skilled Nursing /Rehabilitation Facility	\$2,500	\$3,325	\$4,135	\$4,965
Ambulatory Surgical Center	\$2,000	\$2,750	\$3,250	\$3,900
Home Health Care	\$150	\$200	\$250	\$400
Home Infusion	\$90	\$120	\$200	\$240
Hospice Care	\$0	\$0	\$0	\$450

	In-Network	Out-of-Network
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Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$150	\$200	\$340	\$405
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$200	\$270	\$450	\$540
Laboratory Services				
Basic Labs	\$0	\$0	\$0	\$95
Advanced Diagnostic Labs	\$150	\$200	\$340	\$405
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$1,250		
Urgent Care Facility		\$90		
Ambulance Services / Air Ambulance		\$1,250		
Mental Disorders & Substance Use Disorders				
Office Visit	\$65	\$85	\$145	\$175
Inpatient	\$3,000	\$3,825	\$4,635	\$5,565
Outpatient	\$2,000	\$2,750	\$3,250	\$3,900
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$90	\$120	\$200	\$240
Outpatient Therapies (PT, OT, ST)	\$90	\$120	\$200	\$240
Durable Medical Equipment				
Durable Medical Equipment (DME)	\$150	\$180	\$270	\$320
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$90	\$120	\$200	\$240
Acupuncture		Not Covered		
Transplants	\$3,000	\$3,825	\$4,635	\$5,565