

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: R.R. Donnelley & Sons Company

Plan Year: January 1st, 2025 - December 31st, 2025 National 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) | \$8,000 / \$16,000 | | | 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 | \$30 | \$60 | \$145 | \$175 |
| Retail Health Clinic | \$30 | \$60 | \$145 | \$175 |
| Specialist | \$75 | \$150 | \$325 | \$390 |
| 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 | Not Covered | | | |
| 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 | | | |
| Telehealth Services | | | | |
| Virtual Care - MD Live | \$25 | | | |
| Maternity | | | | |
| Initial Prenatal Office Visit | \$30 | \$60 | \$145 | \$175 |
| Prenatal Office Visit | No Charge | | | |
| Delivery & Postnatal Care | \$4,400 | \$5,800 | \$8,000 | \$11,000 |
| Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges) | | | | |
| Inpatient Hospital | \$4,400 | \$5,800 | \$8,000 | \$11,000 |
| Outpatient Hospital | \$1,500 | \$1,990 | \$3,365 | \$4,040 |
| Skilled Nursing /Rehabilitation Facility (90 days combined max per plan year) | \$4,400 | \$4,895 | \$8,000 | \$10,560 |
| Ambulance Services | \$1,200 | | | |
| Ambulatory Surgical Center | \$1,500 | \$1,990 | \$3,365 | \$4,040 |
| Home Health Care (120 visits per plan year) | \$115 | \$155 | \$260 | \$315 |
| Home Infusion | \$75 | \$150 | \$325 | \$390 |
| Hospice Care | \$460 | \$615 | \$1,035 | \$1,245 |
| | In-Network | | | Out-of-Network |
| Medical Services | ✔ Tier 1 | ⚡ Tier 2 | ❗ Tier 3 | |
| Radiology Services | | | | |
| Diagnostic X-Rays | \$205 | \$270 | \$455 | \$545 |
| Advanced Imaging (MRI, MRA, CAT & PET Scans) | \$400 | \$535 | \$910 | \$1,090 |
| Laboratory Services | | | | |

| | | | | |
|---|-------------|---------|---------|----------|
| Basic Labs | \$50 | \$100 | \$150 | \$350 |
| Advanced Diagnostic Labs | \$205 | \$270 | \$455 | \$545 |
| Emergency Services/Urgent Care | | | | |
| Emergency Services/Emergency Room | \$1,200 | | | |
| Urgent Care Facility | \$150 | \$150 | \$150 | \$150 |
| Mental Disorders & Substance Use Disorders | | | | |
| Office Visit | \$30 | \$60 | \$145 | \$175 |
| Inpatient | \$4,400 | \$5,800 | \$8,000 | \$11,000 |
| Outpatient | \$1,500 | \$1,990 | \$3,365 | \$4,040 |
| Therapy Services | | | | |
| Chiropractic Care/Spinal Manipulation (20 visits per plan year) | \$75 | \$150 | \$325 | \$390 |
| Outpatient Therapies (PT, OT, ST) (90 visits per plan year) | \$50 | \$100 | \$150 | \$250 |
| Durable Medical Equipment* | | | | |
| Durable Medical Equipment (DME) / Item | \$230 | \$310 | \$520 | \$625 |
| Other Healthcare Facilities/Services | | | | |
| Allergy Injections, Serum & Testing | \$75 | \$150 | \$325 | \$390 |
| Acupuncture | Not covered | | | |
| Transplants (Travel/lodging \$5,000 lifetime maximum) | \$4,400 | \$5,800 | \$8,000 | \$11,000 |