

## COUPE HEALTH

### Coupe Health Benefits Summary

The Kenan Advantage Group

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			0
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$6,900 / \$13,800			\$20,000/\$40,000
*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	\$25	\$50	\$80	\$95
Retail Health Clinic	\$25	\$50	\$80	\$95
Specialist	\$35	\$70	\$100	\$200
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
Routine Eye Care	No Charge			Not Covered
COVID 19 Vaccine	No Charge			Not Covered
Breast Cancer Screening (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			
Telehealth Services				
Live Health Online	\$25			
Maternity				
Initial Prenatal Office Visit	\$25	\$50	\$80	\$95
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$4,000	\$5,500	\$6,900	\$10,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$4,000	\$5,500	\$6,900	\$10,000
Outpatient Hospital	\$1,300	\$1,800	\$3,000	\$3,500
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$4,000	\$5,500	\$6,900	\$10,000
Ambulance Services	\$750			
Ambulatory Surgical Center	\$1,300	\$1,800	\$3,000	\$3,500
Home Health Care (120 visits per plan year)	\$100	\$130	\$215	\$300
Home Infusion	\$100	\$130	\$215	\$300
Hospice Care	\$450	\$600	\$950	\$1,200

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	! Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$115	\$200	\$300	\$350
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$400	\$600	\$900	\$1,100
<b>Laboratory Services</b>				
Basic Labs	\$35	\$70	\$100	\$200
Advanced Diagnostic Labs	\$115	\$200	\$300	\$350
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room	\$750			
Urgent Care Facility	\$100	\$100	\$100	\$300
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$25	\$50	\$80	\$95
Inpatient	\$4,000	\$5,500	\$6,900	\$10,000
Outpatient	\$1,300	\$1,800	\$3,000	\$3,500
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (12 visits per plan year)	\$35	\$70	\$100	\$200
Outpatient Therapies (PT, OT, ST)	\$35	\$70	\$100	\$200
<b>Durable Medical Equipment*</b>				
Durable Medical Equipment (DME) / Item	\$185	\$250	\$415	\$500
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$35	\$70	\$100	\$200
Acupuncture	\$35	\$70	\$100	\$200
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$4,000	\$5,500	\$6,900	\$10,000