

## COUPE HEALTH

### Coupe HDHP Benefits Summary

HealthPro

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)	\$3,500 / \$7,000			N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$7,000 / \$14,000			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	\$20	\$25	\$40	\$50
Retail Health Clinic	\$20	\$25	\$40	\$50
Specialist	\$35	\$50	\$80	\$95
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			\$50
Adult Physical Examination (including routine GYN visit)	No Charge			\$50
Routine Eye Care	No Charge			\$50
COVID 19 Vaccine	No Charge			\$50
Breast Cancer Screening (any age)	No Charge			\$50
Pap Test	No Charge			\$50
Prostate Cancer Screening	No Charge			\$50
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Live Health Online (LHO)	No Charge			Not Covered
Maternity				
Prenatal Office Visit	\$20	\$25	\$40	\$50
Delivery & Postnatal Care	\$1,640	\$2,180	\$3,690	\$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient Hospital	\$535	\$715	\$1,205	\$1,445
Skilled Nursing /Rehabilitation Facility (120 days 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 (100 visits per plan year)	\$35	\$50	\$80	\$95
Home Infusion	\$35	\$50	\$80	\$95
Hospice Care (Outpatient Lifetime Max: 180 days)	\$180	\$240	\$405	\$485

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



