

COUPE HEALTH

Coupe Health Benefits Summary - HDHP Plan

Client Name: Fleet Farm Wholesale Supply Co., LLC.

Plan Year: July 1st, 2026 - June 31st, 2027

Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Calendar Year Deductible (Indiv/Family)	\$3,400 / \$6,800			\$5,500 / \$11,000
Out-of-Pocket Maximum (Indiv/Family)	\$5,000 / \$10,000			Unlimited
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$15	\$25	\$45	\$50
Retail Health Clinic	\$15	\$25	\$45	\$50
Specialist	\$30	\$40	\$70	\$90
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 - <i>children up to age 6</i>	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	See plan document for specific coverage based on age/necessity			
Pap Test	See plan document for specific coverage based on age/necessity			
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			
Telehealth Services				
Doctor on Demand - Preventive	\$0			N/A
Doctor on Demand - Urgent/Behavioral/Virtual PCP	\$15			
Maternity				
Initial Prenatal Office Visit	\$15	\$25	\$45	\$50
Prenatal Office Visit	No Charge			\$50
Delivery & Postnatal Care	\$1,700	\$2,270	\$3,830	\$4,590
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,700	\$2,270	\$3,830	\$4,590
Outpatient Hospital	\$700	\$940	\$1,580	\$1,890
Skilled Nursing /Rehabilitation Facility	\$1,400	\$1,870	\$3,150	\$3,780
Ambulance Services	\$250			
Ambulatory Surgical Center	\$700	\$940	\$1,580	\$1,890
Home Health Care	\$45	\$60	\$110	\$130
Home Infusion	\$30	\$40	\$70	\$90
Hospice Care	\$230	\$310	\$520	\$630

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$60	\$80	\$140	\$170
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$200	\$270	\$450	\$540
Laboratory Services				
Basic Labs	\$15	\$25	\$40	\$50
Advanced Diagnostic Labs	\$50	\$70	\$120	\$140
Emergency Services/Urgent Care				
Emergency Services/Emergency Room			\$250	
Urgent Care Facility			\$30	
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$25	\$45	\$50
Inpatient	\$1,700	\$2,270	\$3,830	\$4,590
Outpatient	\$700	\$940	\$1,580	\$1,890
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$30	\$40	\$70	\$90
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$70	\$90
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$100	\$140	\$230	\$270
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$30	\$40	\$70	\$90
Acupuncture	\$30	\$40	\$70	\$90
Transplants	\$1,700	\$2,270	\$3,830	\$4,590

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