

# COUPE HEALTH

## Coupe Health Benefits Summary

Client Name: R.R. Donnelley & Sons Company

Plan Year: January 1st, 2026 - December 31st, 2026 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
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room	\$1,200			
Urgent Care Facility	\$150	\$150	\$150	\$150
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$30	\$60	\$145	\$175
Inpatient	\$4,400	\$5,800	\$8,000	\$11,000
Outpatient	\$1,500	\$1,990	\$3,365	\$4,040
<b>Therapy Services</b>				
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
<b>Durable Medical Equipment*</b>				
Durable Medical Equipment (DME) / Item	\$230	\$310	\$520	\$625
<b>Other Healthcare Facilities/Services</b>				
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