## 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

In-Network		Medical B	enefits					
Calendar Year Deductible (IndiviFamily)   S0   N/A			In-Network		Out-of-Network			
Duto-CPOcket Maximum (Indivirsamily) (Includes ogopays - combine with prescription drug card)   Proportion of the property		✓ Tier 1	Tier 2	U Tier 3				
Copays - combine with prescription drug card   Section   Sectio	Calendar Year Deductible (Indiv/Family)		\$0		N/A			
COP Max applies to in-network services only; Out-of-Network OOP Max is unillustrative	Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)		\$8,000 / \$16,000		N/A			
Tier 1		-of-Network OOP Max is ur	limited*					
Physician Services         Primary Care Physician         \$30         \$60         \$145         \$175           Retall Health Clinic         \$30         \$60         \$145         \$175           Specialist         \$75         \$150         \$325         \$390           Preventative Services & Routine Care         Well-Child Care (including exams and immunizations)         No Charge           Well-Child Care (including exams and immunizations)         No Charge           Well-Child Care (including exams and immunizations)         No Charge           Routine Eye Care         No Charge           COVID 19 Vaccine         No Charge           Breast Cancer Screening (any age)         No Charge           Prostate Cancer Screening         See plan document for specific coverage based on age/necessive Telefacith Services           Virtua Care - MD Live         See plan document for specific coverage based on age/necessive Telefacith Services           Virtua Care - MD Live         See plan document for specific coverage based on age/necessive Telefacith Services           Virtua Care - MD Live         See plan document for specific coverage based on age/necessive Telefacith Services           Virtua Care - MD Live         See plan document for specific coverage b			In-Network		Out-of-Network			
Primary Care Physician   \$30   \$60   \$145   \$175   \$175   \$250   \$60   \$145   \$175   \$175   \$250   \$100   \$145   \$175   \$250   \$100   \$145   \$175   \$250   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$100   \$145   \$175   \$150   \$145   \$175   \$150   \$145   \$175   \$150   \$145   \$175   \$150   \$145   \$175   \$145	Medical Services	✓ Tier 1	Tier 2	U Tier 3				
Retail Health Clinic   \$30   \$60   \$145   \$175	Physician Services							
Specialist   S75   \$150   \$325   \$390	Primary Care Physician	\$30	\$60	\$145	\$175			
Preventative Services & Routine Care   Well-Child Care (Including exams and immunizations)   No Charge	Retail Health Clinic	\$30	\$60	\$145	\$175			
Well-Child Care (including exams and immunizations)	Specialist	\$75	\$150	\$325	\$390			
Modurations   No Charge   N	Preventative Services & Routine Care							
Section   Sec	Well-Child Care (including exams and immunizations)	No Charge						
No Charge   No Charge   Pap Test   No Charge   No Charge   Pap Test   No Charge   Prostate Cancer Screening   See plan document for specific coverage based on age/necessity   Pap Test   Pap	Adult Physical Examination (including routine GYN visit)	No Charge						
Pap Test   No Charge	Routine Eye Care	Not Covered						
Pap Test   No Charge	COVID 19 Vaccine							
Pap Test	Breast Cancer Screening (any age)	-						
Prostate Cancer Screening								
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           Prenatal Office Visit         No Charges           No Charges           No Charges           A,400         \$5,800         \$8,000         \$11,000           Stall Prenatal Office Visit         \$1,000         \$1,000         \$1,000         \$1,000         \$1,000         \$1,000 <th col<="" td=""><td></td><td colspan="6">-</td></th>	<td></td> <td colspan="6">-</td>		-					
Virtual Care - MD Live	Colorectal Cancer Screening	-						
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           **Ter 1         Tier 2         Tier 3         Tier 3           **Radiology Services           Diagnostic X-Rays <td>Telehealth Services</td> <td></td> <td>·</td> <td></td> <td>•</td>	Telehealth Services		·		•			
Initial Prenatal Office Visit \$30 \$60 \$145 \$175 Prenatal Office Visit No Charge  Delivery & Postnatal Care \$4,400 \$5,800 \$8,000 \$11,000 Prenatal Office Visit No Charge  Delivery & Postnatal Care \$4,400 \$5,800 \$8,000 \$11,000 Prenatal 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)  Ambulance Services \$11,200 \$1,990 \$3,365 \$4,040 Prenatal Care \$1,500 \$1,550 \$325 \$390 Prenatal Care \$1,500 \$1,550 \$325 \$390 Prenatal Care \$1,500 \$1,500 \$1,035 \$1,245 Prenatal Care \$1,500 \$1,035	Virtual Care - MD Live		\$25	j				
Prenatal Office Visit	Maternity							
Delivery & Postnatal Care	Initial Prenatal Office Visit	\$30	\$60	\$145	\$175			
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)  Ambulatore Services \$1,200  Ambulatory Surgical Center \$1,500 \$1,990 \$3,365 \$4,040  Home Health Care \$1,500 \$1,990 \$3,365 \$4,040  Home Health Care \$115 \$155 \$260 \$315  Home Infusion \$75 \$150 \$325 \$390  Hospice Care \$460 \$615 \$1,035 \$1,245  Medical Services  In-Network Out-of-Network  Medical Services  Diagnostic X-Rays  Advanced Imaging (MRI, MRA, CAT & PET Scans)  Scans)  \$1,090 \$1,090	Prenatal Office Visit							
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)  Ambulance Services \$1,200  Ambulatory Surgical Center \$1,500 \$1,990 \$3,365 \$4,040  Home Health Care (120 visits per plan year)  Home Infusion \$75 \$150 \$325 \$390  Hospice Care \$460 \$615 \$1,035 \$1,245  In-Network Out-of-Network  Medical Services  Piagnostic X-Rays  Advanced Imaging (MRI, MRA, CAT & PET Scans)  Skilled Nursing   \$4,000 \$5,800 \$1,990 \$3,365 \$4,040  St.,000 \$1,990 \$3,365 \$4,040  St.,000 \$1,990 \$3,365 \$4,040  St.,000 \$315 \$1,000 \$315  St.,000 \$315 \$1,000 \$315  St.,000 \$1,00	Delivery & Postnatal Care	\$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         Ambulatore 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	Hospital Expenses or Long-Term Acute Care Fa	acility/Hospital (Facility Ch	arges)					
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         Medical Services         Diagnostic X-Rays       \$205       \$270       \$455       \$545         Advanced Imaging (MRI, MRA, CAT & PET Scans)       \$400       \$535       \$910       \$1,090	Inpatient Hospital	\$4,400	\$5,800	\$8,000	\$11,000			
combined max per plan year)         \$4,400         \$4,695         \$6,000         \$10,560           Ambulance Services         \$1,200         \$1,200         \$3,365         \$4,040	Outpatient Hospital	\$1,500	\$1,990	\$3,365	\$4,040			
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         Radiology Services       Tier 1       Tier 2       Tier 3         Diagnostic X-Rays       \$205       \$270       \$455       \$545         Advanced Imaging (MRI, MRA, CAT & PET Scans)       \$400       \$535       \$910       \$1,090	Skilled Nursing /Rehabilitation Facility (90 days combined max per plan year)	\$4,400	\$4,895	\$8,000	\$10,560			
Home Health Care (120 visits per plan year) \$115 \$155 \$260 \$315 (120 visits per plan year) \$155 \$150 \$325 \$390 \$390 \$460 \$615 \$1,035 \$1,245 \$150 \$1.035 \$1,245 \$1.035 \$1.	Ambulance Services	\$1,200						
(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         Medical Services         Medical Services       ✓ Tier 1       — Tier 2       ① Tier 3         Radiology Services         Diagnostic X-Rays       \$205       \$270       \$455       \$545         Advanced Imaging (MRI, MRA, CAT & PET Scans)       \$400       \$535       \$910       \$1,090	Ambulatory Surgical Center	\$1,500	\$1,990	\$3,365	\$4,040			
(120 visits per plan year)  Home Infusion \$75 \$150 \$325 \$390  Hospice Care \$460 \$615 \$1,035 \$1,245    In-Network   Out-of-Network    Medical Services   Tier 1	Home Health Care	\$115	\$155	\$260	\$315			
Hospice Care \$460 \$615 \$1,035 \$1,245 \$1,045		·						
In-Network  Medical Services  ✓ Tier 1  ☐ Tier 2  ☐ Tier 3  Radiology Services  Diagnostic X-Rays  Advanced Imaging (MRI, MRA, CAT & PET Scans)  Scans  Out-of-Network  Fig. 1  Fig. 2  Fig. 2  Fig. 2  Fig. 3  Fig. 4  Fig. 3  Fig. 4  Fig.								
Medical Services         ✓ Tier 1         Tier 2         1 Tier 3           Radiology Services           Diagnostic X-Rays         \$205         \$270         \$455         \$545           Advanced Imaging (MRI, MRA, CAT & PET Scans)         \$400         \$535         \$910         \$1,090	i iospice Cale	φ <del>4</del> 00	· ·	ψ1,000				
Radiology Services           Diagnostic X-Rays         \$205         \$270         \$455         \$545           Advanced Imaging (MRI, MRA, CAT & PET Scans)         \$400         \$535         \$910         \$1,090	Madical Services	(i) Tior 1		1 Tior 3	Out-or-Network			
Diagnostic X-Rays         \$205         \$270         \$455         \$545           Advanced Imaging (MRI, MRA, CAT & PET Scans)         \$400         \$535         \$910         \$1,090		TIGI I	TIGI Z	1101 0				
Advanced Imaging (MRI, MRA, CAT & PET \$400 \$535 \$910 \$1,090 Scans)		\$205	\$270	\$455	\$545			
	Advanced Imaging (MRI, MRA, CAT & PET							

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	