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		Not Covered
Adult Physical Examination (including routine GYN visit)		No Charge		Not Covered
Routine Eye Care		Not Covered		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				
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: New- Starting 1/1/26, it is required to contact OneImaging for non-emergency MRIs and CTs. Call 833-619-0837				
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
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