

# RR Donnelley BCBS Coupe PPO

Effective Date: January 1, 2025

Deductible – Individual	\$0			
Deductible – Family	\$0			
<b>Out-of-Pocket Maximums*</b>				
Individual**	\$8,000			
Family	\$16,000			
<b>Service Description</b>	<b>Coupe Health Provider Rankings</b>			
	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Out-of-Network**</b>
Primary Care Office Visit	\$30	\$60	\$145	\$175
Specialist Office Visit	\$75	\$150	\$325	\$390
Advanced Imaging MRI, MRA, CAT & PET Scans	\$400	\$535	\$910	\$1,090
Routine Diagnostic Labs	\$50	\$100	\$150	\$350
Diagnostic Radiology	\$205	\$270	\$455	\$545
Diagnostic Labs	\$205	\$270	\$455	\$545
Urgent Care	\$150			
Outpatient Surgery	\$1,500	\$1,990	\$3,365	\$4,040
Emergency Room / Emergency Services	\$1,200			
Ambulance	\$1,200			
Outpatient Therapies (PT, OT, ST)	\$50	\$100	\$150	\$250
Inpatient Hospital Stay	\$4,400	\$5,800	\$8,000	\$11,000
Home Health Care	\$115	\$155	\$260	\$315
Hospice	\$460	\$615	\$1,035	\$1,245
Skilled Nursing Facility	\$4,400	\$4,895	\$8,000	\$10,560
Durable Medical Equipment	\$230	\$310	\$520	\$625

\*Out-of-Network Benefits are not subject to the Out-of-Pocket Maximum.

\*\*The calendar year out-of-pocket maximum applies on a per member per calendar year basis, subject to the family calendar year out-of-pocket maximum amount. Once a member meets their individual calendar year out-of-pocket maximum, affected benefits for that member will pay at 100% of the allowed amount for the remainder of the calendar year.