

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: Warners' Stelian Copay Plan

Plan Year: January 1st, 2026 - December 31st, 2026

Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible (Indiv/Family)		\$0		\$3,000 / \$6,000
Out-of-Pocket Maximum (Indiv/Family)		\$7,000 / \$14,000		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	\$50	\$65	\$110	\$125
Retail Health Clinic	\$50	\$65	\$110	\$125
Specialist	\$95	\$125	\$210	\$250
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			\$250
Adult Physical Examination (including routine GYN visit)	No Charge			\$250
Routine Eye Care	No Charge			\$250
COVID 19 Vaccine	No Charge			\$250
Breast Cancer Screening (any age)	No Charge			\$250
Pap Test	No Charge			\$250
Prostate Cancer Screening	No Charge			\$250
Colorectal Cancer Screening	No Charge			\$250
Telehealth Services				
Doctor on Demand	\$20			N/A
Maternity				
Initial Prenatal Office Visit	\$50	\$65	\$110	\$125
Prenatal Office Visit	No Charge			\$125
Delivery & Postnatal Care	\$3,910	\$5,200	\$7,000	\$10,560
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,910	\$5,200	\$7,000	\$10,560
Outpatient Hospital	\$1,270	\$1,690	\$2,850	\$3,420
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$3,450	\$4,590	\$7,000	\$9,320
Ambulance Services	\$600			
Ambulatory Surgical Center	\$1,270	\$1,690	\$2,850	\$3,420
Home Health Care (120 visits per plan year)	\$95	\$125	\$210	\$250
Home Infusion	\$95	\$125	\$210	\$250
Hospice Care	\$420	\$560	\$940	\$1,120

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$110	\$140	\$240	\$280
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$370	\$490	\$830	\$1,000
Laboratory Services				
Basic Labs	\$110	\$140	\$240	\$280
Advanced Diagnostic Labs	\$115	\$155	\$260	\$320
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$600			
Urgent Care Facility	\$80			
Mental Disorders & Substance Use Disorders				
Office Visit	\$50	\$65	\$110	\$125
Inpatient	\$3,910	\$5,200	\$7,000	\$10,560
Outpatient	\$1,270	\$1,690	\$2,850	\$3,420
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$95	\$125	\$210	\$250
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$95	\$125	\$210	\$250
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$175	\$230	\$390	\$470
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$95	\$125	\$210	\$250
Acupuncture	\$95	\$125	\$210	\$250
Transplants (Travel/lodging \$5,000 lifetime maximum)	\$3,910	\$5,200	\$7,000	\$10,560

Pharmacy Drug Vendor: Prime Therapeutics Rx

Pharmacy Benefits

NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

Rx Network: Select Pharmacy Network	If you reach your out-of-pocket maximum, the plan will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Rx Formulary: FlexRx	

Pharmacy Plan Feature

Retail Pharmacy (30-Day Supply)

Preferred Generic Drugs	\$35
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Non-Preferred Generic Drugs	\$35
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Preferred Brand Drugs	\$70
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Non-Preferred Brand Drugs	\$95
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Specialty Drug Program

Specialty Drugs* (Up to a 30-day Supply)	\$200
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*Specialty medications are required to be filled through a Specialty Pharmacy.

Mail Order (90-Day Supply)

Preferred Generic Drugs	\$70
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Non-Preferred Generic Drugs	\$70
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Preferred Brand Drugs	\$140
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Non-Preferred Brand Drugs	\$190
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Drug Descriptions

Preferred Generic Drugs	All preferred drugs are covered at this copay level.
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Non-Preferred Generic Drugs	All non-preferred generic drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
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Preferred Brand Drugs	All preferred drugs are covered at this copay level.
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Non-Preferred Brand Drugs	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
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