

**Note: The Deductible must be met before the Copays apply.**

Deductible: Individual	\$4,000
Family	\$8,000

Coinsurance	100%
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#### Out-Of-Pocket Maximums\*

Individual	\$5,400
Family	\$10,800

#### COUPE HDHP MONTHLY PREMIUMS

##### FTE > .75

Employee Only	\$139
Employee plus 1	\$367
Family	\$549

##### FTE .50 < .75

Employee Only	\$139
Employee plus 1	\$569
Family	\$837

#### SERVICE DESCRIPTIONS

#### Coupe Health Provider Rankings

	✕ Best	– Better	! OK	Out-of-Network**
Primary Care Office Visit	\$15	\$20	\$30	\$40
Specialist Office Visit	\$30	40	\$65	\$80
Advanced Imaging MRI, MRA, CAT & PET Scans	\$140	\$190	\$315	\$400
Routine Diagnostic Labs	\$10	\$15	\$20	\$30
Diagnostic Radiology	\$40	\$55	\$90	\$110
Diagnostic Labs	\$40	\$55	\$90	\$110
Urgent Care	\$30	\$40	\$65	\$80
Outpatient Surgery	\$465	\$615	\$1,030	\$1,236
Emergency Room/Emergency Services		\$265		
Ambulance		\$265		
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$78
Inpatient Hospital Stay	\$1,425	\$1,900	\$3,000	\$3,800
Home Health Care	\$30	\$40	\$65	\$80
Hospice	\$155	\$205	\$345	\$420
Skilled Nursing Facility	\$1,255	\$1,675	\$2,795	\$3,400
Durable Medical Equipment	\$65	\$85	\$140	\$170

#### PRESCRIPTIONS

#### Coupe Health Pharmacy Rankings

#### Mail Order

	✕ Best	– Better	! OK	90-day Supply
Generic	\$5	\$10	\$15	\$15
Preferred Brand	\$10	\$15	\$25	\$25
Non-Preferred Brand	\$15	\$20	\$30	\$30
Specialty — Mail Order Only			\$10	

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