

Deductible	\$0
Coinsurance	100%
Out-Of-Pocket Maximums*	
Individual	\$6,500
Family	\$13,000

COUPE CORE MONTHLY PREMIUMS			
FTE > .75		FTE .50 < .75	
Employee Only	\$188	Employee Only	\$290
Employee plus 1	\$482	Employee plus 1	\$665
Family	\$719	Family	\$994

SERVICE DESCRIPTIONS	Coupe Health Provider Rankings			
	⊗ Best	⊖ Better	! OK	Out-of-Network**
Primary Care Office Visit	\$40	\$55	\$90	\$110
Specialist Office Visit	\$80	\$105	\$175	\$210
Advanced Imaging MRI, MRA, CAT & PET Scans	\$350	\$475	\$790	\$950
Routine Diagnostic Labs	\$30	\$40	\$70	\$85
Diagnostic Radiology	\$100	\$135	\$225	\$270
Diagnostic Labs	\$100	\$135	\$225	\$270
Urgent Care	\$80	\$105	\$175	\$210
Outpatient Surgery	\$1,150	\$1,540	\$2,570	\$3,100
Emergency Room/Emergency Services			\$650	
Ambulance			\$650	
Outpatient Therapies (PT, OT, ST)	\$80	\$105	\$175	\$210
Inpatient Hospital Stay	\$3,560	\$4,750	\$6,500	\$7,800
Home Health Care	\$80	\$105	\$175	\$210
Hospice	\$385	\$515	\$855	\$1,050
Skilled Nursing Facility	\$3,150	\$4,190	\$6,500	\$7,800
Durable Medical Equipment	\$160	\$215	\$355	\$430

PRESCRIPTIONS	Coupe Health Pharmacy Rankings			Mail Order
	⊗ Best	⊖ Better	! OK	90-day Supply
Generic	\$30	\$35	\$60	\$60
Preferred Brand	\$60	\$75	\$120	\$120
Non-Preferred Brand	\$90	\$110	\$185	\$185
Specialty — Mail Order Only			\$120	

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

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.