

COUPE

2025

# Enrollment Guide

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St. Olaf



# The health plan you'll be **happy** to see.

Experience healthcare without coinsurance or unexpected bills. Coupe gives you access to top-quality providers and offers price certainty for every medical service, putting you in control of your healthcare decisions.

Enjoy the convenience of one simple monthly statement and the flexibility to finance your medical expenses at zero percent interest. Coupe is designed to save you time and money, so you can focus more on your health and worry less about the paperwork.

# Clear and supportive healthcare.

## Price certainty

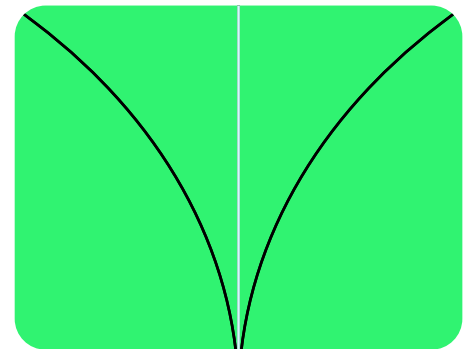
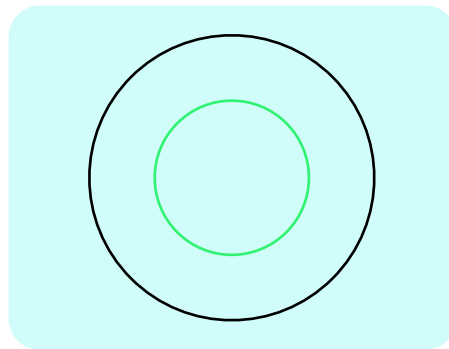
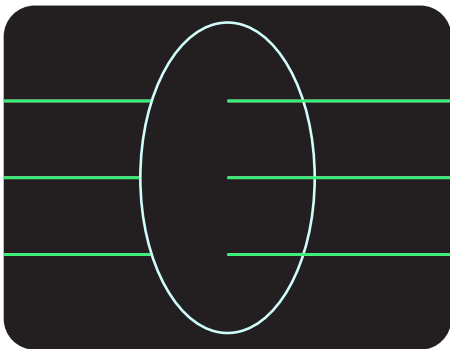
Know the price of every medical service ahead of time. Focus on your health, without worrying about add-ons or surprise bills.

## Affordability options

Enjoy 0% financing on all covered medical services and pay your statement in full to take advantage of 1.5% credit towards your next bill with the Coupe Financing option.

## Great care and value

Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.




## Health Valet Service

Work alongside a Coupe Health Valet to confidently navigate your healthcare journey. Health Valets can assist with:


- + Finding a high-quality provider
- + Answering questions on billing or coverage information
- + And more



Reach out to the Health Valet team:

 1-833-749-1969

 [healthvalet@coupehealth.com](mailto:healthvalet@coupehealth.com)

 Monday-Friday  
8:00 a.m. - 8:00 p.m. Central

# Price certainty you can count on.

Going for care is easy-going when you know the cost ahead of time.

## What to expect:

1.

Look up a service and know exactly what you'll owe.



Use the Coupe member portal to find the best provider based on cost and quality rankings.

2.

Go to the doctor and receive great care.



Present your Coupe ID card and pay nothing at the time of service.

3.

Receive one monthly statement.



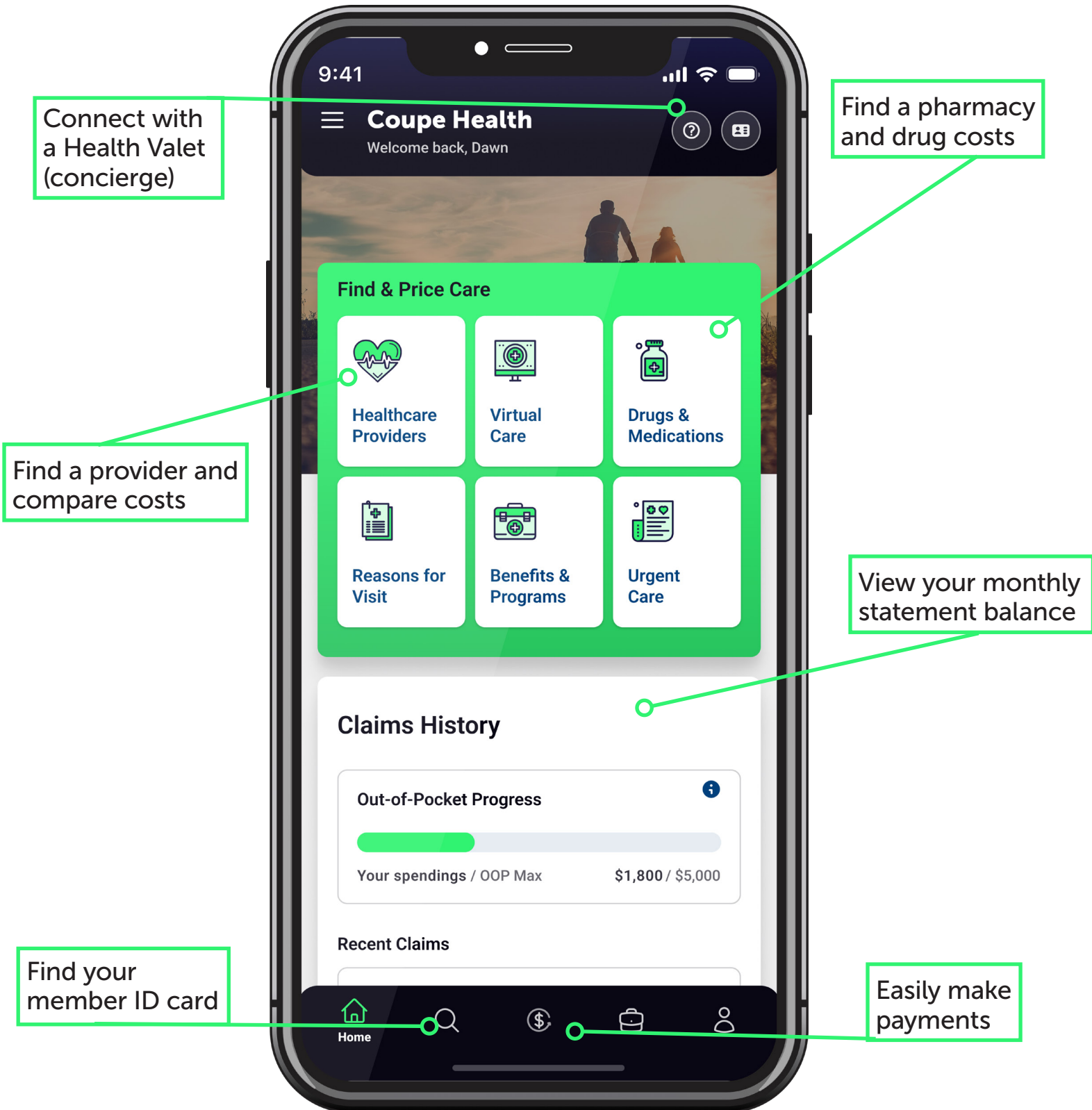
Get one statement for all medical expenses and pay how you prefer with 0% financing.



For questions, reach out to your Health Valet or visit <https://employers.coupehealth.com/st-olaf.html>

# Member Portal




Explore the member portal anytime from your mobile app or desktop. It's your one-stop hub for all of your benefit information!



# Quality you can trust.

Coupe is designed to help you find **high-quality**, low-cost providers so you can prioritize your health and your bank account.

With Coupe, providers are categorized into three copay rankings based on the following criteria:

-  Tier 1 provider
-  Tier 2 provider
-  Tier 3 provider

## Quality

Providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.

## Appropriateness

Providers that are associated with top-quality service lines at their facility and consistently deliver positive patient experiences.

## Efficiency

Providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

### Provider Ranking Legend



Meets all standards above



Meets most standards above

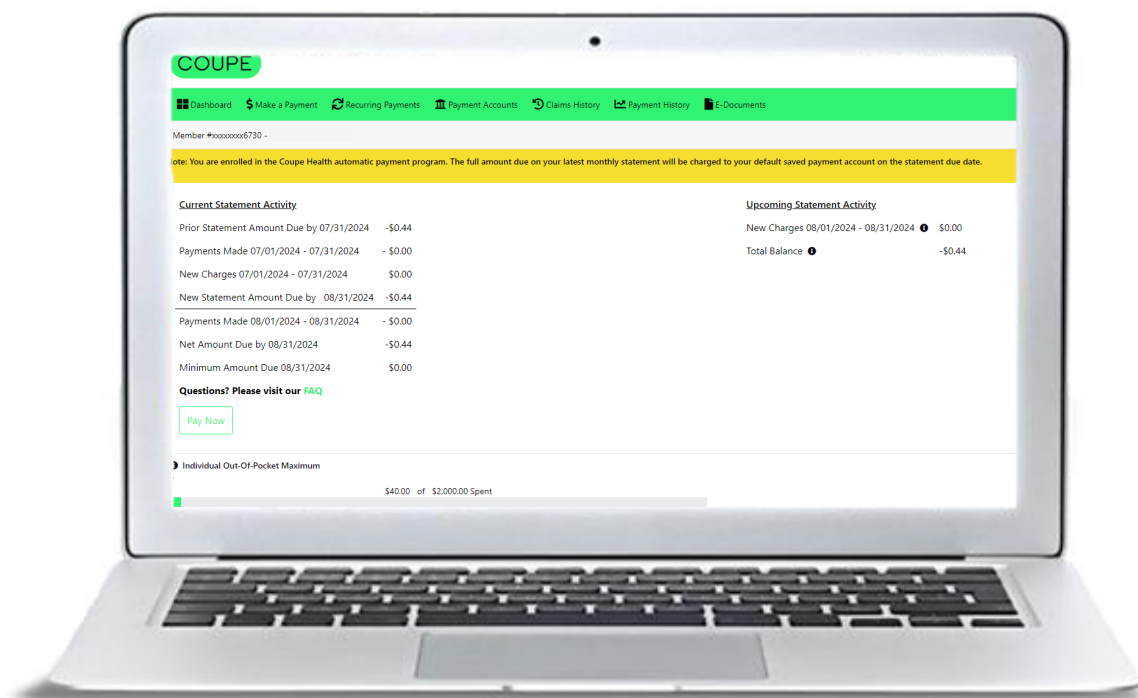


Meets some standards above

# Simplified Payment

Stress less with hassle free billing.

With Coupe Health, enjoy the convenience of owing nothing at the time of service. Our simplified billing consolidates all of your monthly services into a single statement. You can choose your preferred payment method or set up hassle-free auto-pay to simplify your life and gain peace of mind.



“

*I got my first Coupe bill and have loved the new plan. I am so excited to have transparency into my family's medical information and cost! And to not get countless EOBs in the mail is a dream!*

— Coupe Financing Member

## Pay It Forward: Earn Credit Towards Your Next Medical Bill

When you pay your Coupe Health statement in full by the due date, you'll receive a 1.5% credit on your next monthly statement. It's our way of saying thank you for your timely payment, and makes managing your healthcare expenses even more rewarding.

## Payments Made Easy

Coupe Health works with Paytient, your financial payment partner, to offer you 0% financing for your medical bills and medications.

### Benefits you receive with the Coupe Health payment plan:

- + Single monthly statement
- + No payment at the time of service
- + 0% financing
- + Pay manually or autopay

## Secondary Insurance

Coupe Health does not support billing to secondary insurance plans. If any of the below situations apply to you, we recommend not enrolling in the financing component:

- You, your spouse, or any dependents have another form of insurance.
- You, your spouse, or any dependents receive financial assistance from a healthcare provider.

## Why Sign the Financial Form?

In order to elect 0% financing with no credit check, you are required to sign a financial onboarding form and add your preferred payment method.

If you do not fill out the financing form, you will not receive the financing benefits of Coupe.

Without the financing option:

- ✓ You will not receive built-in financing to help pay for your medical bills.
- ✓ You will not receive a single monthly statement. Instead you will receive Explanations of Benefits in the mail and pay your bills directly to providers and pharmacies.

[Learn More](#)



# Pharmacy



Coupe Health pharmacy plans are provided by Prime Therapeutics® Pharmacy Benefit Solutions.

Prime is a nationally recognized pharmacy benefit manager that contracts with almost all licensed U.S. pharmacies. On a Coupe Health Plan, you pay your out-of-pocket pharmacy cost or copays to Coupe Health and not directly to your pharmacy at the time you pick up your prescription(s).

## What to expect when visiting the pharmacy:

1.

Visit the Coupe Member Portal to find a pharmacy and your prescription cost.

2.

Visit the pharmacy and present your member ID card to pay nothing at the time of pickup.

3.

Receive one monthly statement and pay how you prefer with 0% financing.



For more information on pharmacy benefits and to do a prescription drug lookup, please visit <https://employers.coupehealth.com/st-olaf.html>

# Copay Plan

Medical Benefits				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Calendar Year Deductible</b>				
Single		None		None
Family		None		None
<b>Out-of-Pocket Maximum (includes copays – combine with prescription drug card)</b>				
Single		\$4,500		Unlimited
Family		\$9,000		Unlimited
*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Covid 19 Services</b>				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)		No Charge		
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) / item	\$160	\$215	\$355	\$430
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room		\$650		
Urgent Care Facility	\$80	\$105	\$175	\$210
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)</b>				
Inpatient Hospital	\$3,560	\$4,750	\$6,500	\$7,800
Outpatient Hospital	\$1,150	\$1,540	\$2,570	\$3,100
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility	\$3,150	\$4,190	\$6,500	\$7,800
Ambulance Services		\$650		
Ambulatory Surgical Center	\$1,150	\$1,540	\$2,570	\$3,100
Home Health Care	\$80	\$105	\$175	\$210
Hospice Care	\$385	\$515	\$855	\$1,050
<b>Laboratory Services</b>				
Routine Labs	\$30	\$40	\$70	\$85
Diagnostic Labs	\$100	\$135	\$225	\$270
<b>Maternity</b>				
Preventive & Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	\$3,560	\$4,750	\$6,500	\$7,800

# Copay Plan

Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$40	\$55	\$90	\$110
Inpatient	\$3,560	\$4,750	\$6,500	\$7,800
Outpatient	\$1,150	\$1,540	\$2,570	\$3,100
<b>Physician Services</b>				
Primary Care Physician	\$40	\$55	\$90	\$110
Specialist	\$80	\$105	\$175	\$210
<b>Telehealth Services</b>				
Doctor on Demand Including Behavioral Health		\$0		N/A
<b>Preventive Services &amp; Routine Care</b>				
Well-Child Care (Including exams and immunizations)		No Charge		
Adult Physical Examination (Including routine GYN visit)		No Charge		
Breast Cancer Screening (any age)		No Charge		
Pap Test		No Charge		
Prostate Cancer Screening		No Charge		
<b>Radiology Services</b>				
Diagnostic X-Rays	\$100	\$135	\$225	\$270
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$350	\$475	\$790	\$950
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$80	\$105	\$175	\$210
Outpatient Therapies (PT, OT, ST)	\$80	\$105	\$175	\$210
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$80	\$105	\$175	\$210
Acupuncture	\$80	\$105	\$175	\$210
Travel expenses		See plan document for specific coverages and exclusions		

\*Diabetic equipment and supplies provided by Livongo are covered at \$0. All other Diabetic Supplies provided by an in-network preferred provider will be paid according to the applicable category of this Medical Schedule of Benefits, such as Durable Medical Equipment (DME).

**Medical Network:** Aware/BlueCard® PPO Network

**How to Find a Provider:** Log into your member portal at [www.coupehealth.com](http://www.coupehealth.com) and click on “Find a Doctor and Compare Costs” under the “Benefits” tab.

**For questions about your Coupe Health Plan, please contact your Coupe Health Valet:**

**Email:** [healthvalet@coupehealth.com](mailto:healthvalet@coupehealth.com)

**Phone:** 1-833-749-1969

# Copay Plan

## Pharmacy Benefits

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

If you reach your out-of-pocket maximum, Coupe Health 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 for excluded or non-covered services.

Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies
Preferred Generic Drugs	\$30 copay/prescription (retail) \$60 copay/prescription (mail service) \$60 copay/prescription (90-day Rx retail)	Not Covered
Preferred Brand Drugs	\$60 copay/prescription (retail) \$120 copay/prescription (mail service) \$120 copay/prescription (90-day Rx retail)	Not Covered
Non-Preferred Generic & Brand Drugs	\$90 copay/prescription (retail) \$185 copay/prescription (mail service) \$185 copay/prescription (90-day Rx retail)	Not Covered
Specialty Drugs	\$120 copay/prescription	Not Covered

**Pharmacy Drug Vendor:** Prime Therapeutics

**Rx Network:** Select Rx Network

**Rx Formulary:** GenRx

**Specialty Drug Vendor:** MagellanRx Specialty Pharmacy

**How to Find a Drug:** Look up the cost of your medications in the Coupe member portal.

Visit [www.coupehealth.com](http://www.coupehealth.com) for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from Coupe Health before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create right not given through the benefit plan.

# High-Deductible Health Plan

Medical Benefits				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Calendar Year Deductible</b>				
Single		\$3,550		None
Family		\$7,100		None
<b>Out-of-Pocket Maximum (includes copays – combine with prescription drug card)</b>				
Single		\$4,800		Unlimited
Family		\$9,600		Unlimited
*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Covid 19 Services</b>				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)		No Charge		
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) / item	\$65	\$85	\$140	\$170
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room		\$265		
Urgent Care Facility	\$30	\$40	\$65	\$80
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)</b>				
Inpatient Hospital	\$1,425	\$1,900	\$3,000	\$3,800
Outpatient Hospital	\$465	\$615	\$1,030	\$1,236
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility	\$1,255	\$1,675	\$2,795	\$3,400
Ambulance Services		\$265		
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,236
Home Health Care	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$420
<b>Laboratory Services</b>				
Routine Labs	\$10	\$15	\$20	\$30
Diagnostic Labs	\$40	\$55	\$90	\$110
<b>Maternity</b>				
Preventive & Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	\$1,425	\$1,900	\$3,000	\$3,800

# High-Deductible Health Plan

Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$15	\$20	\$30	\$40
Inpatient	\$1,425	\$1,900	\$3,000	\$3,800
Outpatient	\$465	\$615	\$1,030	\$1,236
<b>Physician Services</b>				
Primary Care Physician	\$15	\$20	\$30	\$40
Specialist	\$30	\$40	\$65	\$80
<b>Telehealth Services</b>				
Doctor on Demand Including Behavioral Health		\$0		N/A
<b>Preventive Services &amp; Routine Care</b>				
Well-Child Care (Including exams and immunizations)		No Charge		
Adult Physical Examination (Including routine GYN visit)		No Charge		
Breast Cancer Screening (any age)		No Charge		
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<b>Radiology Services</b>				
Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$400
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$80
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Acupuncture	\$30	\$40	\$65	\$80
Travel expenses		See plan document for specific coverages and exclusions		

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# High-Deductible Health Plan

## Pharmacy Benefits

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Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies
Preventive Drugs	Covered at 100%	Not Covered
Preferred Generic	\$5 copay/prescription (retail) \$15 copay/prescription (mail service) \$15 copay/prescription (90-day Rx retail)	Not Covered
Preferred Brand Drugs	\$10 copay/prescription (retail) \$25 copay/prescription (mail service) \$25 copay/prescription (90-day Rx retail)	Not Covered
Non-Preferred Generic & Brand Drugs	\$15 copay/prescription (retail) \$30 copay/prescription (mail service) \$30 copay/prescription (90-day Rx retail)	Not Covered
Specialty Drugs	\$10 copay/prescription	Not Covered

**Pharmacy Drug Vendor:** Prime Therapeutics

**Rx Network:** Select Rx Network

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**Specialty Drug Vendor:** MagellanRx Specialty Pharmacy

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# Find a happier way to healthcare.

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1-833-749-1969  
healthvalet@coupehealth.com

Monday - Friday  
8:00 a.m.-8:00 p.m. Central

For questions regarding provider and pharmacy information, visit your company's microsite or reach out to your Health Valet.

[Click Here](#)

[CoupeHealth.com](https://www.coupehealth.com)



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