

COUPE HEALTH

Coupe Health HDHP Benefits Summary

Client Name: Cuningham Group Architecture

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

Network: Aware®/BlueCard® PPO Network

| Medical Benefits | | | | |
|---|-------------------|----------|----------|-------------------|
| | In-Network | | | Out-of-Network |
| | ✔ Tier 1 | ⊖ Tier 2 | ! Tier 3 | |
| Calendar Year Deductible - Non-Embedded | | | | |
| *Single/Family (Medical and Rx combined) | \$2,000 / \$4,000 | | | \$2,000 / \$4,000 |
| Deductible must be satisfied before copays apply except when No Charge is indicated | | | | |

*Deductible does not cross apply between In-Network Tiers 1, 2, 3 and Out-of-Network.

| | | | | |
|--|-------------------|--|--|-----------|
| Out-of-Pocket Maximum - Non-Embedded **Single/Family (Medical and Rx combined) | \$6,000 / \$9,000 | | | Unlimited |
|--|-------------------|--|--|-----------|

**In-network Out-of-Pocket applies to in-network services only; Out-of-network Out-of-Pocket is unlimited.

| | In-Network | | | Out-of-Network |
|---|--|----------|----------|----------------|
| Medical Services | ✔ Tier 1 | ⊖ Tier 2 | ! Tier 3 | |
| Physician Services | | | | |
| Primary Care Physician | \$20 | \$25 | \$40 | \$50 |
| Retail Health Clinic | \$20 | \$25 | \$40 | \$50 |
| Specialist | \$35 | \$50 | \$80 | \$95 |
| Preventative Services & Routine Care | | | | |
| Well-Child Care (including exams and immunizations) | No Charge | | | |
| Adult Physical Examination (including routine GYN visit) | No Charge | | | |
| Routine Eye Care | No Charge | | | |
| COVID 19 Vaccine | No Charge | | | |
| Breast Cancer Screening (any age) | No Charge | | | |
| Pap Test | No Charge | | | |
| Prostate Cancer Screening | See plan document for specific coverage based on age/necessity | | | |
| Colorectal Cancer Screening | See plan document for specific coverage based on age/necessity | | | |
| Telehealth Services | | | | |
| Virtual Care | No Charge | | | N/A |
| Maternity | | | | |
| Initial Prenatal Office Visit | \$20 | \$25 | \$40 | \$50 |
| Prenatal Office Visit | No Charge | | | \$50 |
| Delivery & Postnatal Care | \$1,640 | \$2,180 | \$3,690 | \$4,425 |
| Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges) | | | | |
| Inpatient Hospital | \$1,640 | \$2,180 | \$3,690 | \$4,425 |
| Outpatient Hospital | \$535 | \$715 | \$1,205 | \$1,445 |
| Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year) | \$1,445 | \$1,920 | \$3,250 | \$3,900 |
| Ambulance Services | \$305 | | | |
| Ambulatory Surgical Center | \$535 | \$715 | \$1,205 | \$1,445 |
| Home Health Care (120 days combined max per plan year) | \$35 | \$50 | \$80 | \$95 |
| Home Infusion | \$35 | \$50 | \$80 | \$95 |
| Hospice Care | \$180 | \$240 | \$405 | \$485 |

| | In-Network | | | Out-of-Network |
|--|------------|----------|----------|----------------|
| Medical Services | ✔ Tier 1 | ⊖ Tier 2 | ! Tier 3 | |
| Radiology Services | | | | |
| Diagnostic X-Rays | \$50 | \$65 | \$105 | \$125 |
| Advanced Imaging (MRI, MRA, CAT & PET Scans) | \$165 | \$215 | \$365 | \$435 |
| Laboratory Services | | | | |
| Basic Labs | \$10 | \$15 | \$30 | \$35 |
| Advanced Diagnostic Labs | \$50 | \$65 | \$105 | \$125 |
| Emergency Services/Urgent Care | | | | |
| Emergency Services/Emergency Room | \$305 | | | |
| Urgent Care Facility | \$65 | | | |
| Mental Disorders & Substance Use Disorders | | | | |
| Office Visit | \$20 | \$25 | \$40 | \$50 |
| Inpatient | \$1,640 | \$2,180 | \$3,690 | \$4,425 |
| Outpatient | \$535 | \$715 | \$1,205 | \$1,445 |
| Therapy Services | | | | |
| Chiropractic Care/Spinal Manipulation (20 visits per calendar year) | \$35 | \$50 | \$80 | \$95 |
| Outpatient Therapies (PT, OT, ST) | \$35 | \$50 | \$80 | \$95 |
| Durable Medical Equipment | | | | |
| Durable Medical Equipment (DME) / Item | \$75 | \$100 | \$170 | \$205 |
| Other Healthcare Facilities/Services | | | | |
| Allergy Injections, Serum & Testing | \$35 | \$50 | \$80 | \$95 |
| Acupuncture (20 visits per calendar year) | \$35 | \$50 | \$80 | \$95 |
| Transplants (Travel/lodging \$5,000 lifetime maximum) | \$1,640 | \$2,180 | \$3,690 | \$4,425 |

Pharmacy Drug Vendor: Prime Therapeutics

Rx Network: Select Network

Rx Formulary: FlexRx Open

Pharmacy Benefits

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

| | |
|--------|--|
| Single | 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. |
| Family | |

Pharmacy Plan Feature

Copay

Retail Pharmacy (Up to a 30-day supply)

| | |
|--|-----------|
| Preventive prescription drugs on the FlexRx preventive drug list | No charge |
| Preferred Generic Drugs (Tier 1) | \$5 |
| Preferred Brand Drugs (Tier 2) | \$15 |
| Non-Preferred Generic Drugs | \$20 |
| Non-Preferred Brand Drugs | \$20 |

Specialty Drug Program (Up to a 30-day supply)

| | |
|------------------|-------|
| Specialty Drugs* | \$200 |
|------------------|-------|

*Specialty medications are required to be filled through a Specialty Pharmacy

Mail Order (90-day Supply)

| | |
|--|-----------|
| Preventive prescription drugs on the FlexRx preventive drug list | No charge |
| Preferred Generic Drugs (Tier 1) | \$15 |
| Preferred Brand Drugs (Tier 2) | \$30 |
| Non-Preferred Generic Drugs | \$40 |
| Non-Preferred Brand Drugs | \$40 |