

COUPE HEALTH

Coupe Benefits Summary

St. Olaf College – Coupe Copay

Plan Year: September 1, 2023 – December 31, 2024

Medical Benefits				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single		None		None
Family		None		None
Out-of-Pocket Maximum (includes copays – combine with prescription drug card)				
Single		\$6,500		Unlimited
Family		\$13,000		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
Covid 19 Services				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)		No Charge		
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$160	\$215	\$355	\$430
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$650		
Urgent Care Facility	\$80	\$105	\$175	\$210
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
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
Laboratory Services				
Routine Labs	\$30	\$40	\$70	\$85
Diagnostic Labs	\$100	\$135	\$225	\$270
Maternity				
Initial Office Visit	\$40	\$55	\$90	\$110
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	\$3,560	\$4,750	\$6,500	\$7,800

Mental Disorders & Substance Use Disorders				
Office Visit	\$40	\$55	\$90	\$110
Inpatient	\$3,560	\$4,750	\$6,500	\$7,800
Outpatient	\$1,150	\$1,540	\$2,570	\$3,100
Physician Services				
Primary Care Physician	\$40	\$55	\$90	\$110
Specialist	\$80	\$105	\$175	\$210
Telehealth Services				
Doctor on Demand Including Behavioral Health		\$0		N/A
Preventive Services & Routine Care				
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	
Radiology Services				
Diagnostic X-Rays	\$100	\$135	\$225	\$270
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$350	\$475	\$790	\$950
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$80	\$105	\$175	\$210
Outpatient Therapies (PT, OT, ST)	\$80	\$105	\$175	\$210
Other Healthcare Facilities/Services				
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 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

Phone: 1-833-749-1969

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 Excluding CVS/Walgreens	Walgreens	CVS	Description
Retail Pharmacy				
Generic Drugs (Tier 1) (Up to a 31-day supply)	\$30	\$35	\$60	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$60	\$75	\$120	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3)	\$90	\$110	\$185	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
Specialty Drug Program				
Specialty Drugs (Tier 4) (Up to a 31-day supply)		\$120		Specialty medications are required to be filled through Specialty Mail Order.
Mail Order Pharmacy (90-day supply)				
Generic Drugs (Tier 1)		\$60		Maintenance drugs of up to a 90-day supply is available through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)		\$120		
Non-Preferred Brand Drugs (Tier 3)		\$185		

Pharmacy Drug Vendor: MedOne Rx

How to Find a Drug: Look up the cost of your medications in the Coupe member portal on the “Benefits” tab under the card that says, “Find Drug Prices.” Please refer to the “MedOne Preventative Drug List 2023” found on the Employer Benefits page within the Coupe Health Member Portal for all preventative medications covered at 100% with a \$0 cost to you.

Visit 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.

