COUPE HEALTH

Coupe Health Benefits Summary - High

Client Name: Winnebago Industries
Plan Year: January 1st, 2026 - December 31st, 2026
Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	Tier 1	Tier 2	Tier 3	
Calendar Year Deductible (Indiv/Family)	$0			N/A
Out-of-Pocket Maximum (Indiv/Family)	$6,300 / $12,600			N/A
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Physician Services				
Primary Care Physician	$25	$35	$70	$85
Retail Health Clinic	$25	$35	$70	$85
Specialist	$65	$85	$190	$230
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	$25	$35	$70	$85
Routine Hearing Care	$25	$35	$70	$85
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	See plan document for specific coverage based on age/necessity			
Pap Test	See plan document for specific coverage based on age/necessity			
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				
Doctor on Demand	$0			N/A
Maternity				
Initial Prenatal Office Visit	$25	$35	$70	$85
Prenatal Office Visit	No Charge			$85
Delivery & Postnatal Care	$3,115	$4,140	$6,300	$10,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$3,115	$4,140	$6,300	$10,000
Outpatient Hospital	$1,015	$1,350	$2,450	$3,000
Skilled Nursing /Rehabilitation Facility	$2,750	$3,660	$6,300	$9,875
Ambulance Services			$575	
Ambulatory Surgical Center	$1,015	$1,350	$2,450	$3,000
Home Health Care	$65	$85	$190	$230
Home Infusion	$65	$85	$190	$230
Hospice Care	$340	$455	$900	$1,200

	In-Network			Out-of-Network
Medical Services	**Tier 1**	**Tier 2**	**Tier 3**	
Radiology Services				
Diagnostic X-Rays	$90	$115	$225	$265
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$315	$415	$810	$970
Laboratory Services				
Basic Labs	$25	$35	$70	$85
Advanced Diagnostic Labs	$90	$115	$225	$265
Emergency Services/Urgent Care				
Emergency Services/Emergency Room			$575	
Urgent Care Facility			$35	
Mental Disorders & Substance Use Disorders				
Office Visit		$0		$85
Inpatient	$3,115	$4,140	$6,300	$10,000
Outpatient	$1,015	$1,350	$2,450	$3,000
Therapy Services				
Chiropractic Care/Spinal Manipulation	$25	$35	$70	$85
Outpatient Therapies (PT, OT, ST)	$65	$85	$190	$230
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	$140	$185	$325	$450
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$65	$85	$190	$230
Acupuncture	$65	$85	$190	$230
Transplants (Travel/lodging $5,000 lifetime maximum)	$3,115	$4,140	$6,300	$10,000

Pharmacy Drug Vendor: Prime Therapeutics

Pharmacy Benefits	
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.	
Rx Network: Classic Network Rx Formulary: FlexRx	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.

Pharmacy Plan Feature	
Retail Pharmacy	
Preferred Generic Drugs (Tier 1)	$10
Preferred Brand Drugs (Tier 2)	$50
Non-Preferred Generic Drugs	$70
Non-Preferred Brand Drugs	$70
Specialty Drug Program	
Specialty Drugs* (Up to a 30-day Supply)	$200

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

Mail Order (90 Day Supply)	
Preferred Generic Drugs (Tier 1)	$30
Preferred Brand Drugs (Tier 2)	$150
Non-Preferred Generic Drugs	$210
Non-Preferred Brand Drugs	$210
Drug Descriptions	
Preferred Generic Drugs	All preferred drugs are covered at this copay level.
Non-Preferred Generic Drugs	All non-preferred generic drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
Preferred Brand Drugs	All preferred drugs are covered at this copay level.
Non-Preferred Brand Drugs	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.