

Welcome to Coupe Health

Below are the most common frequently asked questions regarding the Coupe Health plan.

1. What is Coupe Health?

- Coupe Health is a new healthcare plan that gives you access to BCBS's Aware®/BlueCard® PPO Network and provides an easy, integrated member experience with cost certainty.

2. Is there someone I can call for my questions regarding the Coupe Health Plan?

- The Coupe Health Pro Team will be available during Open Enrollment to answer your questions on the Coupe Health plan. The Health Pro team can be contacted at HealthPro@CoupeHealth.com or 833-749-1969. The Health Pros hours are Monday through Friday 8AM-8PM CST.

3. What pharmacies are considered Tier 1?

- Tier 1 pharmacies are all in-network pharmacies except for Walgreens. Examples of Tier 1 pharmacies would include local pharmacies, grocery store chains, COSTCO, Walmart, and Sam's Club. Walgreens is considered Tier 2. CVS pharmacies are excluded from the pharmacy network unless your plan offers a 3RD Tier option. If you are taking a maintenance medication, we recommend enrolling in the mail order program (this could actually be required by your plan). Mail order instructions will be included in the materials you receive during open enrollment.

4. I am going to have a procedure at the beginning of the plan year. Will that be covered? How much will it cost?

- If you are looking to have a procedure at the beginning of the plan year, please reach out to the Coupe Health Pro team as soon as Open Enrollment begins at HealthPro@CoupeHealth.com or 833-749-1969. They can assist with transition of care situations as well as pricing for the services you are considering receiving.

5. What criteria does Coupe Health use to tier providers?

- When evaluating the quality of providers, Coupe Health uses one of the largest healthcare databases in the country. Providers are tiered at the procedure level. The quality metrics used to determine provider tiers include, but are not limited to, the following:
 - i. Medical Board Certified
 - ii. Patient Outcomes
 - iii. Re-admission Rates
 - iv. Malpractice History
 - v. Operating Efficiency
 - vi. Physician Years of Experience

General Coupe Overview

1. Can you trust Coupe Health and how does Coupe Health get paid?

- Coupe Health is a healthcare management program that brings together the very best healthcare benefits for you onto a single platform. While having so many programs come together in one place can be a little confusing at first, you can trust you have the very best in benefit programs from some of the nation's largest benefit programs:
 - i. BCBS Minnesota give you access to Blue Cross and Blue Shield's Aware®/National BlueCard® PPO network and leading claims administration platforms.
 - ii. MedOne provides pharmacy benefits nationwide with one of the country's broadest pharmacy networks and is the national leader in innovative strategies to keep your prescription costs as low as possible.
 - iii. Virgin Pulse is the largest healthcare wellbeing technology company that provides the Coupe digital experience so you can have the very best support in how to stay healthy.
 - iv. Alight Health Pros provide your concierge support as they do for more than 4 million members at many of the largest employers in the country.
- There are no financial incentives for Coupe Health to limit care or limit access to certain providers. Coupe Health simply wants you to have great care with a great experience so more members will want to join Coupe health plans.

2. What are the three main ways Coupe is different than other health plans?

- Here are the three main ways Coupe is different than other health plans:
 - i. All your healthcare purchases have a fixed price like a copay for your out-of-pocket costs. Those copays are lower for higher quality physicians and facilities (Tier 1) because those providers take better care of you and reduce healthcare costs for you and your health plan over time. Coupe Health wants you to have sustainable healthcare benefits where you can access the highest quality providers at the most affordable costs possible.
 - ii. You pay your out-of-pocket costs to the health plan and not to your doctor, hospital, or pharmacy. You should not pay any out-of-pocket costs at the time of your service as indicated on your insurance ID card. By having you pay the health plan while we pay your providers in full allows you and your healthcare providers to focus on providing you the care you need while we work to simplify the payment process later.
 - iii. Coupe Health bills you your out-of-pocket costs on a single monthly statement. Because all members are offered affordable, zero-interest payment plans with no credit check, Coupe has an automatic payment protection program to help you make sure your minimum monthly payment is paid on time. If you are having trouble paying the minimum payment due for the monthly payment plan, please contact to your Health Pro to see if any other options may be available.

3. How can I have the best experience possible?

- Here are the four main areas of Coupe Health where you should review the educational content and FAQs to have the best Coupe experience possible:

- i. Learn how to access the Coupe member portal and talk to a Coupe Health Pro. The member portal can be found at www.coupehealth.com and you can reach a Health Pro at HealthPro@CoupeHealth.com or **833-749-1969**.
- ii. Learn how to look up the cost of a medication prior to picking up that medication at the pharmacy since the pharmacy will no longer be able to tell you your Coupe copay. You can look up the cost of your medications in the Coupe member portal on the Benefits tab under the card that says, "Find Drug Prices".
- iii. Learn how to search for a medical provider so you can see both the benefit tier and cost of that provider in the Coupe member portal on the Benefits tab under the card that says, "Find a Doctor and Compare Costs".
- iv. Learn how to find and pay your Coupe statement in the Coupe member portal on the Benefits tab under the card that says, "Claims and Statements".

4. What are some helpful tips I should know before I start using my Coupe Health plan?

- Here is some helpful information that will help you have the smoothest experience possible with Coupe:
 - i. If your doctor asks for your insurance information, please tell them you have BCBS (not Coupe). BCBS/BlueCard PPO is listed as your network on your insurance ID card.
 - ii. If your pharmacist asks for your insurance information, please tell them you have MedOne (not Coupe). MedOne is listed as your pharmacy benefit manager on your insurance ID card.
 - iii. Certain medical services and medications require prior-authorization on the Coupe Health plans. Your physicians must turn in the information necessary to complete the prior-authorization process – a process which takes around five business days once the information is received, unless it is deemed an urgent request where it will be handled within 48 hours.
 - iv. Doctors, hospitals, and pharmacists will no longer be able to tell you your out-of-pocket cost amounts. If you want to know your out-of-pocket cost amounts, please visit www.coupehealth.com or contact your Health Pro at HealthPro@CoupeHealth.com or **833-749-1969**.
 - v. If you have had medical or pharmacy services, you should get a Coupe statement in the mail by the middle of the month in which it is due. If you do not get a statement in the mail, please visit www.coupehealth.com or contact your Health Pro to get a copy of your statement.
 - vi. Your statements cover all the charges processed in the previous month. Not all providers send in bills for your care timely so some processed charges may be for services processed several months early. Only pay for charges that have posted to your statement.
 - vii. Once you are in the payment protection program, you stay in that program until your balance is paid off in full. The payment protection program automatically pays the minimum amount due that month so there is no need to make a payment once in the program, unless you want to make a supplemental payment to pay off your balance.
 - viii. When enrolling, you must provide the account, such as a bank account or credit/debit card, that you wish to use for the payment protection program by completing [this form](#). You may change your account selection at any time by re-completing the form or saving a new default pay account on your Claims & Statements portal.

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- ix. You can only access specialty medications through MedOne and its Mail Order program. To access these medications, please enroll in the mail order program at <https://enroll.medone-rx.com/>.
- x. The current provider search engine is specialty specific. If your doctor is in our system with a different specialty designation, they may not pull up. In addition, some types of providers associated with certain specialties such as Nurse Practitioners or Physician Assistants will only pull up under the Nurse Practitioner or Physician Assistant specialty since there is no data linking them to the specialty they support. If you cannot find your provider in the search engine, please contact a Health Pro at HealthPro@CoupeHealth.com or **833-749-1969**.

Medical Provider Search

1. How do I obtain in network doctor, procedure, and cost information?

- Log in to your member portal at www.coupehealth.com and find the “Find A Doctor and Compare Costs” under the “Benefits” tab. You can also ask for this information from your Coupe Health Pro at HealthPro@CoupeHealth.com or 833-749-1969.

2. How do I look up a doctor?

- In the member portal choose the “Benefits” tab at top, then click “View All”, then scroll down and choose the “Find A Doctor and Compare Costs” card. Follow the prompts and instructions to search for your doctor.

Tip: When searching for a doctor, any family member can be selected to proceed. It is OK to choose “Office Visit for New Patient”- this will pull results for any type of expected doctor visit, whether you are a new patient or not.

3. Where do I find a provider’s office visit or copay cost?

- After you enter the location and proceed through the search fields, you will see a provider’s out of pocket cost, office hours, and exact location on the profile card for the provide and above the provider’s location on the map view.

Tip: Click on the “Details” tab located on a provider’s profile card to see more details such as highlights and reviews.

4. How do I look up a Nurse Practitioner or a Physician Assistant if that is who I see for my healthcare?

- In the “Type of doctor you are looking for” field choose Nurse Practitioner as the specialty for a Nurse Practitioner or Physician Assistant as the specialty for a Physician Assistant. Nurse Practitioners and Physician Assistants will not be listed under the physician specialty they support as that information is not reported.

5. How do I look up the cost for a procedure or surgery?

- Same way you would find a doctor using the “Find A Doctor and Compare Costs” card. But in the “What service are you curious about” tab you choose the type of procedure, such as “tonsillectomy.” After proceeding through the location and search fields you will then be able to see a physician’s cost for the procedure.

Tip: To also see a facility’s cost for the procedure- click on the “Details” tab of the physician, scroll down and you will see all the facilities where that physician performs the procedure along with a comparison of each facility’s cost for the procedure.

6. How do I look up a counselor or therapist?

- Counselors and therapists may be listed under two different specialty areas in the search tool depending on their credentials: LPCC or LFMT.

7. How do I look up an urgent care center?

- Same way you would find a doctor using the “Find A Doctor and Compare Costs” card but in the “What type of doctor are you looking for” or “specialty” tab you choose “Urgent Care Center”.

8. What do I do when I am travelling to ensure I see in-network providers?

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- When traveling, we recommend you follow a similar process as when you are home before obtaining services by looking up those providers in the provider search tools. You may also contact a Coupe Health Pro to find high quality, in-network providers, and your member copay.

9. Who decides what tier a provider is in?

- Coupe Health uses provider tier indicators to communicate provider quality because Coupe is designed so you pay less money when receiving the highest quality care. High quality care costs less money over time and thus Coupe employers and members can afford to pay less for that care.
- Provider quality and care efficiency is based on an extensive data analytics platform with billions of healthcare experience data points. That data allows us to view a provider based on their quality, to whom they refer patients, the experience of their patients, and the care efficiency of their treatments. This data platform facilitates the stratification of providers into Tiers 1, 2, and 3 with Tier 1 provider being the highest quality, lowest cost options available to Coupe Members.

10. Will providers accept this plan?

- Coupe Health utilizes the BCBS Aware®/National BlueCard® PPO network which is an extensive national network with a comprehensive selection of high-quality providers. We do not anticipate there being instances in which members cannot access an in-network provider. However, the Health Pro is the best resource to support you in the case where a quality, in-network provider is not available.

11. Are Quest and LabCorp Tier 1 lab providers?

- Yes, Quest and LabCorp locations are considered Tier 1 routine diagnostic labs.

12. Are surgeries performed by my Tier 1 doctor always considered a Tier 1 surgery?

- No, surgery, diagnostic testing, and other facility based services have tiering that depends on the facility that you and your doctor choose for that service or procedure. Facilities have broad differences in quality and cost which can significantly impact your care experience. To find the tiering, cost of a surgery, or another facility based service at a specific facility, review the procedure search instructions included on your employer benefits page. You may also contact your Health Pro and they will help you understand your options as well.

Member Portal

- 1. What is the website for Coupe Health? How can I obtain specific wellness, healthcare provider, and cost information?**
 - www.coupehealth.com is the website for the Coupe Health member portal where you can access all the tools and programs that support you and your Health Plan.
 - In addition to the member portal, you can access Health Plan support by contacting your Coupe Health Pro at HealthPro@CoupeHealth.com or **833-749-1969** to obtain physician and cost information. This information is also found on the “Support” and “Contact Us” links in the Coupe Health member portal.
- 2. What type of technology supports the Coupe Health member portal?**
 - Coupe Health has partnered with one of the nation’s leading health and wellness platform administrators, Virgin Pulse, to provide the technology for your Coupe Health member portal. You will see the Virgin Pulse brand in several places around the member portal and the app in addition to several brands from other supporting technologies, but all these technologies have been brought together so you can have a single, integrated experience with many of the healthcare industries best member support technologies.
- 3. How do we sign up for the Coupe Health App to get a login?**
 - You will be able to download the app when your health plan coverage becomes effective. In the meantime, you may contact the Health Pro at HealthPro@CoupeHealth.com or **833-749-1969** to obtain physician and financial information.
 - To download the app, head over to the App/Play store and type in “Virgin Pulse”. Click on the Virgin Pulse app with the VP logo to download the app and get started. When the Virgin Pulse App asks you to pick your organization, please type in “Coupe Health”.

Coupe Health Pro

1. What is a Coupe Health Pro and how can they help me?

- Your Coupe Health Pro is a concierge resource that can help you navigate your health with confidence.
- Your Health Pro can assist with a variety of different situations as noted below:
 - Assist in finding a high-quality provider.
 - Help set-up appointments before your first visit.
 - Answer any of your questions on all things Coupe Health such as billing questions, doctor questions or even general insurance questions.

2. How do Health Pros work?

- A concierge Health Pro experience is different than a traditional customer service experience. You will have the opportunity to work with a dedicated Health Pro to resolve your healthcare needs or questions until resolved. Since the Health Pro provides a more customized experience, a Health Pro will generally take your request, research the best possible solution for you, and present that solution back to you within one business day.

3. What is the easiest way to work with a Health Pro?

- While you can reach out to a Health Pro via phone or email, email is the fastest way to interact with your dedicated Health Pro who is listed on the Health Pro card in your Coupe Health member portal.

4. Will I only work with one Health Pro?

- There is at least one dedicated Health Pro for members. However, other Health Pros may take your incoming phone calls or deliver your solution if your dedicated Health Pro is out of the office.

5. What are the service hours for the Health Pro?

- Monday – Friday 8am to 8pm Central Standard Time

6. How do I contact my Coupe Health Pro?

- Access your Coupe Health Pro at HealthPro@CoupeHealth.com or 833-749-1969.
- You may also access contact information for your Health Pro on the Coupe Member Portal and on the app as well.
 - Simply Log-in and select the “Benefits” section, from here you can browse your tiles and select the “A Way to get Help: Talk to your Health Pro” tile.

Pharmacy

1. Who provides or administers my pharmacy benefits with Coupe Health?

- Coupe Health Pharmacy Plans are provided by MedOne Pharmacy Benefit Solutions (medone-rx.com). MedOne is a nationally recognized pharmacy benefit manager who contracts with almost all licensed U.S. pharmacies. The specific information on how your pharmacy can contact MedOne is found on the back of your insurance ID card. Even if your pharmacist is not personally familiar with MedOne, the pharmacist can use the information on your insurance ID card to process your pharmacy benefits.

2. What is different about Coupe Health pharmacy benefits?

- Coupe Health pharmacy plans offer you full traditional pharmacy benefits like all other major managed pharmacy benefit plans. The medications and pharmacies you are used to using will still be available to you if covered by your health plan. The ways in which Coupe is different than your traditional pharmacy benefit plans are as follows:
 - i. You no longer pay pharmacy copays to your pharmacy, and your pharmacist will no longer be able to quote you the amount of your copay. (Please check medication prices in advance via the Coupe Health member portal since you do not pay your out-of-pocket costs directly to the pharmacy but rather to Coupe Health on a Coupe plan.)
 - ii. Your pharmacy copays vary depending on which pharmacy you use. (Do not worry – pharmacies are grouped into major categories, and it is easy to know the difference.)

3. What if my pharmacist tells me I do not owe any out-of-pocket costs for medication? Is that always true?

- No. 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). We pay your pharmacy the full cost of your medication, so you do not have to worry about making payment when you pick up your medications. This also means it looks like you do not owe anything to your pharmacist. While not all medications have an out-of-pocket cost, please go to www.coupehealth.com and log-in to check medication prices under the Benefits Tab card labeled “Find Drug Prices”.

4. How do prices vary by pharmacy and how do I know which pharmacies have the lowest cost?

- Coupe Health is always looking for ways to help you save when making good healthcare decisions. Coupe groups pharmacies by different benefit Tiers so you can pay lower costs when the health plan pays lower costs.
 - Tier 1 pharmacies are the lowest costing pharmacies and are all in-network pharmacies except Walgreens.
 - Tier 2 pharmacies have higher copays than Tier 1 pharmacies and are Walgreens pharmacies.
 - CVS is not included in your pharmacy network unless your plan offers a 3rd Tier. It is easy to know you are getting the best Coupe Health benefits if you use any retail pharmacy that is not CVS or Walgreens.
- Note: For members taking maintenance medications, generally the lowest copays are available through the MedOne mail order program. You can sign up for the MedOne mail order program by reaching out to a Coupe Health Pro for assistance or directly via <https://enroll.medone-rx.com/>. This link can also be found on any of the drug price

lookup pages when you search for the price of a drug on the “Find Drug Prices” card in the Coupe member portal.

5. What do I need to know about using a specialty medication?

- Medications that are high cost, have specialty handling requirements, and/or treat rare conditions are called specialty medications. While certain Coupe Health plans may have special programs to manage specialty medication, specialty medications covered by Coupe Health pharmacy benefits must be processed through MedOne and delivered via mail or directly to a local retail pharmacy pickup location. Specialty medications generally require prior authorization and clinical review by MedOne so please plan ahead as these steps commonly take 5 business days to complete.

6. What is a prior authorization or step therapy?

- When you look up the cost of a medication on the Coupe Health member portal (www.coupehealth.com) under “Find Drug Prices”, you may see a yellow warning box at the top of the pricing page that indicates prior authorization or step therapy is required before the medication can be approved and paid for by the health plan. For prior authorization and step therapy, the MedOne medical team reviews clinical documentation received from your doctor regarding the medication and medical condition. This information is essential to compare to industry best practices and quality standards to ensure the medication is appropriate. Step therapy involves failing alternative medications prior to the plan approving the requested medication to be filled.
- The prior authorization review process generally takes 5 business days to complete once the clinical information is received from your physician.
- Generally, a prior authorization is only required the first time you fill a medication during a plan year, but certain medications may be approved for specific durations.

7. What do I do if my pharmacy tells me my medication is not covered?

- Your pharmacist may tell you the medication is not covered, or you must pay the full cost of the medication out-of-pocket, but this generally means the medication requires prior authorization. When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical appropriateness before it will be covered by the plan. **Please request your pharmacy reach out to a Coupe Health Pro directly for assistance in starting the prior authorization process or for any assistance in processing a prescription claim by calling 833-749-1969 (the number on your ID card).**

8. What do I do if I believe I’m taking a medication which requires prior authorization or falls under step therapy?

- If under “Find Drug Prices” at www.coupehealth.com your medication indicates prior authorization or step therapy is required:
 - **Call the Coupe Health Pro Team for assistance!** The Coupe Health Pro Team is available during open enrollment to answer your questions on the Coupe Health plan offered in 2021. The Health Pro team can be contacted at HealthPro@CoupeHealth.com or **833-749-1969**, Monday through Friday 8AM-8PM CST. We are here to help you!
 - The Coupe Health Pro will ask you a few questions about your medication and doctor and coordinate outreach to your doctor to obtain additional information.

- Once the requested information is received from your doctor, the MedOne medical team will review the information and complete the prior authorization process.
- MedOne will advise you, your physician, and the filling pharmacy of the prior authorization decision.

9. Can I utilize the mail order program for my maintenance medications?

- In general, you will incur the lowest out-of-pocket costs (copays) on your benefits program if you enroll in the MedOne mail order program. For assistance in signing up for the MedOne mail order program, contact a Coupe Health Pro at HealthPro@CoupeHealth.com or **833-749-1969**. Alternatively, you may enroll directly in the mail order program at <https://enroll.medone-rx.com/>.
- Some Coupe Health plans may require you to get your maintenance medications through the mail order program. Check your Coupe member portal at www.coupehealth.com by going to Benefits, then Find Drug Prices, to look up your drug and see if mail order is the only method covered by your plan.

10. What happens if my medication costs less than the copay on my Coupe Health pharmacy benefits?

- You never pay more than the full cost of the medication. If the medication costs less than your applicable copay, you will only pay the cost of the medication and not the higher copay amount. On your statement, this will look like you paid the full cost of the medication, and the plan did not pay anything but that means you paid an amount less than the standard copay amount.

11. What is the best trick to know about using the Coupe Health pharmacy benefit?

- Knowing your medication cost in advance once you understand how Coupe works. Costs vary by pharmacy, but once you know the cost at a particular pharmacy the cost is always the same at that pharmacy. There are three prices for medications at a retail pharmacy – a price for generics, a price for preferred brands and a price for non-preferred brands (specialty and mail-order medications have different prices). For example, if you know the price of a 30-day supply of a generic medication on your Coupe plan is capped at a \$10 copay at your pharmacy, that means that the cost of all generic medications at that pharmacy have a \$10 copay for a 30-day supply.

12. What are the biggest essentials to know when using the Coupe Health pharmacy benefit?

- The two biggest member essentials to know when using the Coupe Health pharmacy benefits are:
 - i. Not Knowing the Price of a Medication when at the Pharmacy – Many of us have become accustomed to the pharmacist telling us the price of a medication while at the pharmacy. That process does not work with Coupe because we pay the pharmacies on your behalf. Looking up the cost of your medication prior to going to the pharmacy is the best way to address this issue. Once you know the price for a certain type of medication at your pharmacy like “generics”, you will generally know the price for other “generic” medications at your pharmacy. You can look up the cost of your medications in the Coupe member portal (www.coupehealth.com) on the Benefits tab under the card that says, “Find Drug Prices”.

- ii. Prior-Authorization – Your pharmacist may tell you the medication is not covered, or you must pay the full cost of the medication out-of-pocket, but this generally means the medication requires prior authorization. When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical appropriateness before it will be covered by the plan. **Please request your pharmacy reach out to a Coupe Health Pro directly for assistance in starting the prior authorization process or for any assistance they need in processing a prescription claim. This number 833-749-1969 is on your ID card.**

Claims & Statements

Near the beginning of each month, you will receive a Coupe Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on Coupe Health statements at the end of the month, but Coupe wants to make the payment of those statements as simple as possible for you by sharing the following helpful hints:

1. What is a Coupe Health Statement?

- Instead of having to pay for care at the time of service, with Coupe Health you will receive a monthly statement that details your charges for that month. Near the beginning of each month, you will receive a Coupe Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on Coupe Health statements at the end of the month.

2. Why don't I receive an Explanation of Benefits (EOB) anymore?

- Providers submit your claim to BCBS. The payment is paid in full by Coupe and the out-of-pocket cost you owe will post to your Coupe statement. You owe NO out-of-pocket cost to the provider. You will find all costs that have incurred during the month, posted to your monthly statement which serves as your primary Explanation of Benefits on a Coupe Health plan. Additional detailed information about your claims in a format like a traditional EOB can be found in the Claims and Statements section of the Coupe Health member portal at www.coupehealth.com.
- If the provider still tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket you owe to the health plan.

3. Pay Your Statement in Full and Receive a Credit on Your Next Statement

- If you pay your Coupe statement in full by the due date, we will give you back 1.5% of that statement's balance as a credit on your next statement. There is no better reward for paying your statements in full and on time!

Note: This credit does not apply when paying off statement balances that include charges from a previous / outstanding balance.

4. Accessing Your Statement Once Available


- You will be notified by email and text (if provided) when your statement is ready to view online. Unless you have chosen the paperless option (see #11), you will also receive your statement in the mail a few days later.
- If you are enrolled in the Coupe Health plan, you will be able to access your statements from the Coupe Health member portal at www.coupehealth.com. Sign in, and on the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. You will find your statement in **E-Documents**.
- The first page of your statement also includes a direct link to your Claims & Statements dashboard. To sign in using this link, you will need to input your first name, last name,

member ID (located at the top of your statement), date of birth, and the last four digits of your Social Security Number. **Note:** If your member ID has leading zeros (i.e.: 00712345), include these while signing on.

5. Reading Your Statement

Previous Balance: Your Amount Due from the previous billing period.

Payments Made: Any payments you made against your Previous Balance during the previous billing period.

COUPE HEALTH		MONTHLY STATEMENT	
 PO Box 80 Des Moines, IA 50301	Member ID	[REDACTED]	
	Billing Period	03/01/2021-03/31/2021	
	Statement Date	04/07/2021	
	Due On	04/30/2021	
ACCOUNT SUMMARY			
Previous Balance		\$4,889.57	
Payments Made		\$160.00	
Current Charges		\$60.00	
Amount Due		\$4,789.57	
Minimum Due		\$100.00	
New contact information? Please provide your new address, e-mail, or phone number to your HR or Employee Benefits team.			

Current Charges: The total of new copay amounts processed during the billing period noted on the statement. An itemized list of charges is available on subsequent pages.

Amount Due: This is the remaining balance you now owe.

Minimum Due: This is the minimum amount you must pay by the Due On date, or you will start autopayments under the Coupe Payment Protection Program (see #9). Additional information about the Payment Protection Program is available in the “To Submit Payment” section of the statement and in #9-10 below.

6. Reading Your Portal Dashboard

Previous Balance: Your Previous Balance amount on your most recent statement (the Amount Due from your statement prior to that one).

Payments Made: Any payments you made against your Previous Balance during the previous billing period on your most recent statement.

Current Charges: The total of new copay amounts processed during the billing period of your most recent statement.

Previous Balance	\$67.63	
Payments Made	\$67.63	
Current Charges	\$645.92	
Fees	\$0.00	
Amount Due By 03/28/2021	\$645.92	Pay Now
Current Payments Made	\$200.00	
Net Amount Due	\$445.92	

Fees: If you have any late fees, they will be listed here.

Amount Due By: The balance on your most recent statement that you now owe by the displayed date. Please make sure to send your payment with enough time for it to process by the due date. If your payment misses the due date even by a day, you will be moved to automatic payments through Coupe’s Payment Protection Program.

Current Payments Made: Any payments you have made against your Amount Due during the current billing period.

Net Amount Due: The remainder of the Amount Due that you now owe after all payments you have made during the current billing period have posted to your account. Use this amount to calculate what will be left on your account after making the minimum payment or to see how much you would need to pay in order to pay off your balance in full.

Note: To see your Minimum Due amount in the portal, please open your most recent statement on the **E-Documents** tab, or go to the **Make a Payment** tab and click on the drop-down for **“Payment Amount”**. You must pay the Minimum Due amount by the Due On date, or you will start automatic payments under the Coupe Payment Protection Program (see #9). Additional information about the Payment Protection Program is available in the **“To Submit Payment”** section of the statement and in #9-10 below.

7. Paying Your Statement

- Paying Online

Log into Coupe Health member portal at www.coupehealth.com. On the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. On your Claims & Statements dashboard, click **Pay Now** or go to **Make a Payment**. If you do not have a payment method saved, click **+ New Pay Account** to add a card or account. On the **Make a Payment** page, select the payment date and amount, then click **Next** and follow the prompts to complete your payment.

- Paying by Check

If you would like to pay your statement by check, please detach the payment coupon at the bottom of your statement and mail it with your check to: Coupe Health, PO Box 80, Des Moines, IA 50301.

8. If I want to pay my statement in full, can that be automatically debited from my account?

- There is no recurring payment feature in Coupe today that allows you to automate paying off your statement in full each month. To pay your statement in full, please follow the instructions in #7 to log into Coupe Health member portal at www.coupehealth.com and pay online or to pay by check.

9. How does the Payment Protection Program work when you do not pay at least your minimum due by the due date?

- The Payment Protection Program is a Coupe Health automatic payment feature designed to help you stay current with your minimum payments. The Payment Protection Program automatically starts if you do not make the minimum payment by the statement due date. Once the Payment Protection Program starts, it will pay the minimum due each month until the balance is paid off in full, utilizing the pay account you provided through [this form](#) or by saving a default pay account on your Claims & Statements portal.

Note: Authorizing a payment account (via the form) to support the Payment Protection Program when active was a requirement for enrollment in a Coupe plan.

10. How do I stop participating in the Payment Protection Program?

- You will automatically come out of the Payment Protection Program once your balance is paid in full. You can pay off the balance at any time while in the Payment Protection Program by making an additional payment for the difference between the Amount Due and the Minimum Due.

Note: Once you are in the Payment Protection Program, please allow your designated account to pay the Minimum Due in the current billing period to avoid possible overpayments. To pay off your balance once in the Payment Protection Program, please pay the difference between Amount Due and the Minimum Due.

11. Changing your preferences

- In your **Claims & Statements** dashboard, click **Profile & Settings**. If you want to change your email address for your statements, click **Profile** to update the statement delivery system with your new address. For payment alerts and to turn off paper statements, please go to **Notification Preferences** and make the appropriate selections.

If you want to change the mailing address for your statements, you will need to update your mailing address with your employer's HR/Benefits team.

12. Will I receive an alert when payment is due?

- You will be notified by email and text (if provided by your employer) when your statement is ready to view online. Unless you have chosen the paperless option, you will also receive your statement in the mail a few days later. Statements are generally posted approximately 5 business days after the end of the prior month.

13. Where do I see the minimum amount due each month?

- The minimum amount due is clearly listed at the stop of your statement or you can view minimum amount due by clicking on "Make a Payment" at top of the Claims and Statement portal, then clicking the Payment Amount drop-down to see the Minimum Due.

14. What do I do if I am being charged at the doctor's office or pharmacy during my visit?

- Provide the doctor your member ID card and show them the section where it states "No patient responsibility owed at the time of service. Plan will pay provider the full contract rate". If the provider still tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket amount you owe to the health plan.

15. What if my pharmacist or doctor tells me I do not owe any out-of-pocket costs for medication? Is that always true?

- No. On a Coupe Health Plan, you pay your out-of-pocket cost or copays to Coupe Health and not to your healthcare providers. We pay your providers the full cost of your care so you do not have to worry about making payment when you receive care but that also means that

it looks like you do not owe anything to your providers. Please go to www.coupehealth.com and log-in to check the cost of care for your health plan.

16. What if the provider bills me after my service? What if there is a discrepancy between what the provider says I owe and the Coupe copay?

- In the event there is a question, or you receive a bill from a provider, please contact your Coupe Health Pro at HealthPro@CoupeHealth.com or 833-749-1969.

17. What do I do if I have secondary insurance coverage or receive financial assistance from a provider?

- Coupe Health plans do not coordinate with secondary insurance or provider financial assistance.

18. Can coverage for testing or procedures be denied?

- Yes. In the event a procedure or test is not medically necessary or excluded, it will be denied. You would be responsible for the cost of any non-covered or non-approved services billed to you by a provider. Please ensure you or your provider contacts the Provider Service line on your member ID card to verify any pre-certification requirements for the services you are requesting.

19. Do the copays go towards the Out-of-Pocket?

- Yes. All in network out-of-pocket amounts count towards your out-of-pocket maximum. Please see your Coupe statement to see how much out-of-pocket cost has accumulated towards your benefit plan's out-of-pocket max. Please be aware, that out-of-pocket amounts for providers not in your network will not count towards your out-of-pocket maximum.

20. In the event a PCP performs lab work in his office, is only the PCP copay applicable?

- Yes. If routine lab work is performed the same day as the office visit, only one bundled office visit copay applies. If lab work is done on separate days, separate copays apply.

21. Please explain the benefits for diabetic members.

- If a member enrolls in Livongo, you will receive a free glucometer and test strips. Your Health Pro can assist with your enrollment into Livongo. Additionally, information and enrollment instructions for Livongo will be available on the Coupe member portal.

22. Are there any fees associated with online or credit card payments of the Coupe statement?

- No. Payments and payment plans to Coupe Health have no fees.

23. What happens if my FSA will not accept the Coupe statement as substantiation?

- While a Coupe statement should generally be an acceptable form of document substantiation for your FSA, there may be times where the FSA is unable to reconcile the charges on the statement with the amount charged to your FSA card. That can happen if a charge is paid in advance, or a payment more than the statement amount is made for one reason or another (your FSA should be able to tell you what additional documentation is needed). In those cases, the issues can be resolved in one of two ways 1) you can pull additional statements or EOBs from the Coupe Claims Portal to cover the additional charges your FSA is not seeing represented on the statement or 2) you can contact your Coupe Health Pro and request the initial FSA payment be refunded so then a new payment can be made on the FSA card that matches the statement.

24. What happens if the Coupe payment system did not accept my FSA card for payment?

- If your FSA card was not accepted for payment, please perform an initial check to make sure the card information was captured accurately on the payment screen. If the card information is correct, the issue is typically related to a hold or freeze that your FSA has placed on your card which can sometimes happen if certain charges are pending substantiation. Please contact your FSA administrator to determine if there is a hold on the card. Once resolved, you should be able to run your card. If those steps fail to resolve the issue, please contact your Coupe Health Pro, and request the issue be escalated to the Coupe payment team for further investigation.