

COUPE HEALTH

Coupe Health Benefits Summary

Client Name: BrightSpring Health

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)	\$8,000 / \$16,000			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	\$65	\$85	\$145	\$175
Retail Health Clinic	\$65	\$85	\$145	\$175
Specialist	\$145	\$195	\$325	\$390
Telehealth	\$65	\$85	\$145	\$175
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)	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				
LiveHealth Online		\$65		N/A
Maternity				
Initial Prenatal Office Visit	\$65	\$85	\$145	\$175
Prenatal Office Visit	No Charge			\$175
Delivery & Postnatal Care	\$4,370	\$5,815	\$8,000	\$11,800
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$4,370	\$5,815	\$8,000	\$11,800
Outpatient Hospital	\$1,725	\$2,295	\$3,885	\$4,660
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$3,910	\$5,200	\$8,000	\$10,560
Ambulance Services	\$1,725			
Ambulatory Surgical Center	\$1,725	\$2,295	\$3,885	\$4,660
Home Health Care (120 visits per plan year)	\$145	\$195	\$325	\$390
Home Infusion	\$145	\$195	\$325	\$390
Hospice Care	\$460	\$615	\$1,035	\$1,245

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	ⓘ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$260	\$345	\$585	\$700
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$405	\$535	\$910	\$1,090
Laboratory Services				
Diagnostic Labs	\$205	\$270	\$455	\$545
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$1,725			
Urgent Care Facility	\$115			
Mental Disorders & Substance Use Disorders				
Office Visit	\$65	\$85	\$145	\$175
Inpatient	\$4,370	\$5,815	\$8,000	\$11,800
Outpatient	\$1,725	\$2,295	\$3,885	\$4,660
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$145	\$195	\$325	\$390
Outpatient Therapies (PT, OT, ST) (90 visits combined per plan year)	\$145	\$195	\$325	\$390
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$260	\$345	\$585	\$700
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$145	\$195	\$325	\$390
Acupuncture	\$145	\$195	\$325	\$390
Transplants (Travel/lodging \$10,000 per plan year)	\$4,370	\$5,815	\$8,000	\$11,800