

COUPE HEALTH

Coupe Plan Design

St. Olaf College – Coupe Copay

Plan Year: January 1, 2025 – December 31, 2025

COUPE CORE MONTHLY PREMIUMS

FTE > .75

| | |
|-----------------|-------|
| Employee Only | \$188 |
| Employee plus 1 | \$482 |
| Family | \$719 |

FTE .50 < .75

| | |
|-----------------|-------|
| Employee Only | \$290 |
| Employee plus 1 | \$665 |
| Family | \$994 |

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 | | \$4,500 | | Unlimited |
| Family | | \$9,000 | | 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) Durable Medical Equipment | | | No Charge | |
| 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 | Coupe Health Pharmacy Rankings | |
|--|--------------------------------|---|
| Retail Pharmacy | | |
| Generic Drugs (Tier 1) (Up to a 31-day supply) | \$30 | Generic drugs are covered at this copay level. |
| Preferred Brand Drugs (Tier 2) (Up to a 31-day supply) | \$60 | All preferred brand drugs are covered at this copay level. All non-preferred brand drugs on this copay level are not on |
| Non-Preferred Brand Drugs (Tier 3) | \$90 | 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: Prime Therapeutics

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.