

Determine your drug coverage.

1. Sign in to your Member Portal at <u>member.coupehealth.com</u> or log in to the mobile app and select 'Plan & Coverage.'

OUPE HEALTH	Home Fi	ind & Price Care C	laims	Plan & Coverage	My Account	More ~	81			
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Take a Better Healthcare R Welcome to Coupe, the alternative hea money without sacrificing top-quality t	Ride with plan that saves you healthcare.		A		Ş			Home C Find 8 S Claim C Plan 8 My Ac Resources Document 8	r Price Care s : Coverage :count & Forms	
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Benefits & Plan Info Coupe Health is a healthcare management program that brings togo platform.	ether the very best healthcare I	benefits for you onto a single	e (Claims & Stateme Participant Spendin	ents g				Log Out	

 Scroll down to the Pharmacy Resources section and select 'Prime Therapeutics Drug Formulary.'

COUPE HEALTH	Home Find & Price Care Claims Plan & Coverage My Account More \sim
Plan & Coverage	
Plan Name Coupe Financing Plan Sponsor BCBSMN Employee Group Group Number 0098731	Summary of Benefits and Coverage Discover key details about your health plan coverage, eligibility, and claims Benefit Summary View copays, services, and plan details to manage health costs easily.
Out-of-Pocket Maximum Isabelle Zaleckas \$ 2000 Ernest Zaleckas \$ 2000	Find In-Network Providers Search for In-network doctors and other providers with our search tool that helps you choose based on tiering and out-of-pocket cost information.
All Family Members \$4000	Pharmacy Resources ACA Preventive Drug List
Contact a Health Valet Your Health Valet is a concierge that can help you navigate your health with confidence. Call: 1432-749-1969 Email: healthvaletgcoupehealth com	View Prime Therapeutics list of ACA preventative medications 2025 Formulary Updates List View updates List View updates List 2025 formulary add lions, removals, and coverage changes Prime Therapeutics Drug Formulary View the Prime drug formulary for optimal care Penaltikit updates provides Prime Therapeutics Decodes
	Specially Urup Program View access to high-cost medications for complex conditions with support Pharmaceutical Manufacturer Lock out Drug List View drugs excluded from coverage due to manufacturer lock-out agreements.
	Find Covered Medications Search for medications with our look-up tool and see coverage and out-of-pocket cost information. Plus find the best way to get your prescription filled.

3. The drug list will open in a new window. To search for your drug, press <Ctrl+F> and enter your drug name in the search box provided. Once you click 'Enter' the page will automatically scroll to your drug and you will be able to view the tier of the drug. In this example, "Lipitor" was searched and the middle column shows it is a "Tier 1" drug.

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midodrine hcl tab 2.5 mg, 5 mg, 10 mg 2	
ANTIHYPERLIPIDEMICS	
atovastatic acclume tab 10 mg (base equivalent), 20 mg 1 OLL (45 tablets/30 days)	
atorvastatin calcium tab 80 mg (base equivalent) 1 CLI (30 tabletu/30 deys) (Lipter)	
cholestyramine light powder 4 gm/dose (Questran light)	
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colestipol hcl granule packets 5 gm (Colestid flavored) 2	
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colestipol hcl tab 1 gm (Colestid) 2	
Keyfx Drug Formulary, January 2025 38	
Drug Tier Requirements/Limits	
ezetimile tab 10 mg (Zetta) 1	
estemble-semanticity and the mg 102 cm mg 102	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	
4/ fenofibrate tab 48 mg, 145 mg (Tricor) 1	
fenofibrate tab 54 mg, 160 mg 1	
ameni press and a comfiberarii tab 600 mo (Lonki) 1	

4. Return to your Coupe member portal and select 'Benefit Summary.' This will open a document in a new tab.

COUPE HEALTH	Home Find & Price Care Claims Plan & Coverage My Account More 🗸 🔳
Plan & Coverage	
Plan Name Coupe Financing Plan Somor BCBSMN Employee Group Group Number 0098731	Summary of Benefits and Coverage Discover key details about your health plan coverage, elipibility, and claims Benefits and claim details to manage health costs assis
Out-of-Pocket Maximum Insteller Zeleckas \$ 2000	Find In-Network Providers Search for In-network doctors and other providers with our search tool that helps Find In-Network Providers Find In-Network Providers
Ernelt Zalexaa \$ 2000 All Family Members \$ 4000	Pharmacy Resources Acca Preventive Drug List View Prime The production of Af-A preventiations
Contact a Health Valet Your Health Valet is a concierce that can help you navigate your health with confidence. Calt: 1-33:740-1969	2025 Formulary Updates List View updates to the 2025 Formulary and others, removals, and coverage changes
Email: healthvaletg.coupehealth.com	The The Prime drug formular y View the Prime drug formular for optimal care Specially Drug Program View access to high-cost medications for complex conditions with support
	Pharmaceutical Manufacturer Lock-out Drug List View drugs excluded from coverage due to manufacturer lock-out agreements.
	Find Covered Medications Search for medications with our look-up tool and see coverage and out-of-pocket cost information. Plus find the best way to get your prescription filled.

5. Scroll to the bottom of the document for the Prescription Drug Tiering chart. Your drug tier corresponds to the amount you will pay. Because the drug in this example is Tier 1, a 30-day retail supply will cost \$5, mail order will cost \$15, and a 90-day retail supply will cost \$15.

Prescription Drugs**	1	1	1
Turk (Durk)	30-day retail	Mail Order	90-day Retail
Tier 1 (Generic Drugs) Tier 2 (Non-Preferred Generic)	\$5	\$15	\$15
Tier 3 (Preferred Brand)	\$25	\$75	\$75
Tier 4 (Non-Preferred Brand)	\$15	\$45	\$45
 Specialty Drugs – mail order only, 30-day supply 	\$25	\$75	\$75
maximum**		\$30	

*This plan uses the Aware®/BlueCard® PPO Network and there is <u>no coverage</u> when services are received out-of-network. Your cost of the service is based on which tier provider you utilize. **The Pharmacy Network through Prime Therapeutics is the Essential Pharmacy Network (E). There is no drug coverage at out-of-network pharmacies. The Formulary (Drug List) is KeyRx and there is no coverage for drugs that are not on the KeyRx formulary.

*A Drug that is on your Formulary may not be covered due to exclusions on your Summary Plan Description. Additionally, some drugs may require a Prior Authorization. Please contact your pharmacy to verify coverage.

6. Additional drug lists can be found under the Pharmacy Resources Section.

COUPE HEALTH	Home Find & Price Care Claims Plan & Coverage My Account More 🗸 🖽
Plan & Coverage	
Plan Name Coupe Fin	ancing Summary of Benefits and Coverage
Plan Sponsor BCBSMN Employee	s Group Benefit Summary Benefit Benefi
Group Number 00	View copays, services, and plan details to manage health costs easily.
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Contact a Health Valet Vour Health Valet is a conclerge that can help you navigue your health with confidence. Call: 1:433-749-1969 Email: healthy aiet gooup health.com	ACA Preventive Drug List View Prime Therapeutics list of ACA preventiative medications 2025 Formulary Updates List View updates to the 2025 formulary additions, removals, and coverage changes Prime Therapeutics Drug Formulary View the Prime drug formulary for optimal care
	Specialty Drug Program View access to high-cost medications for complex conditions with support Pharmaceutical Manufacturer Lock-out Drug List View drugs excluded from coverage due to manufacturer lock-out agreements.
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Still have questions?

Contact your Health Valet by calling the number on the back of your member ID card.

Monday - Friday 8 a.m. - 8 p.m. Central