

Welcome to Blue Cross and Blue Shield of Minnesota's Alternative Health Plan, designed by Coupe Health

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

1. Who is Coupe Health and what is their association with BCBS of Minnesota?

- Coupe Health, LLC has been an affiliate company of BCBSMN since November 2021 when Stella, Inc acquired SimplePay Health. Stella created the new brand and holding company, Coupe Health, LLC for that acquisition to differentiate between the legacy business that had been in market since 2018. Coupe Health means two things to us as BCBSMN associates.
 1. It is the vendor for MN's Alternate Health Plan solution to compete against other programs like Gravie and Surest, that we see often in commercial markets.
 2. It is also an affiliate owned by our parent company, just like Further was in the past. And just like further, the employees working for Coupe are our peers.
- Alternate Health Plans may be something new. There were a handful that started making a big impact in 2016, and today they are the fastest growing plans in the market.
- The primary competitor is Surest, f.k.a. Bind, which was their previous name before UnitedHealthcare bought them.
- All the entrants in the Alternate Health Plans space are looking for ways to create a solution that improves total cost of care, through navigation on cost and quality rankings, while trying to limit past gate keeper or narrow network models. They are all about consumerism and trying to navigate or drive behavior change.

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

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

3. 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 gives you access to Blue Cross and Blue Shield's Aware®/National BlueCard® PPO network and leading claims administration platforms.
 - ii. Health Valet 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 Valet 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 Valet. The member portal can be found at www.coupehealth.com and you can reach a Health Valet at HealthValet@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.
- 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.
- iv. Learn how to find and pay your Coupe statement in the Coupe member portal.

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 Prime (not Coupe). Prime 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 Valet at HealthValet@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 Valet 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 through the Coupe portal.

- ix. You can only access specialty medications through Prime Therapeutics Specialty Pharmacy and its Mail Order program. To access these medications, please contact the Health Valet.
- 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 Valet at HealthValet@CoupeHealth.com or 833-749-1969.

5. Where are the claims for Coupe Health Administered?

- Given the unique payment model, not all claims' systems can support. We needed to install this on the Blue Administrator platform (BCBSAL).

6. Does Mental Health Parity laws apply to the Coupe Health plan? If so, are all BA/SA services at the lowest tiering?

- Yes, our Coupe plan complies with the Mental Health parity requirements under federal law with the member copay amounts at parity with the medical plan. Tiering will apply for both medical and mental health services equally.

7. How do the medical policies differ from the traditional BCBSMN plan options?

- Coupe follows a slightly different medical policies compared to the traditional plan options. You can find the medical policy housed here - [Policies & Guidelines \(exploremyplan.com\)](#). If you have additional questions on policies and guidelines, we encourage you to call your Health Valet to discuss your specific situation.

8. Can we have an HSA with Coupe? Even if we do not already have one?

- The Coupe plan design being offered to Associates is not compatible with an HSA. However, you can pay with existing funds within an HSA prior to enrolling. You are also able to use FSA dollars.

9. Should we have our ID cards already? I have not received one.

- If you have not received your ID card, log into www.coupehealth.com, to access and print your ID card. Or, you can call or email your Health Valet.

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 use the provider search tool to find providers and compare costs. You can also ask for this information from your Coupe Health Valet at HealthValet@CoupeHealth.com or 833-749-1969.

2. 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 provider 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.

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

- In the "Enter category" field, type 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.

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

- Same way you would find a doctor using the provider search tool, but in the "Enter category" or "Specialists" you type in "Surgery" and choose from the list of "Specialists and Specialty Types."

5. 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.

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

- Same way you would find a doctor using the provider search tool, but in the "Enter category" or "Specialists" you choose "Urgent Care Center."

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

- 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 Valet to find high quality, in-network providers, and your member copay.

8. 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.

9. 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 Valet is the best resource to support you in the case where a quality, in-network provider is not available.

10. Are Quest and LabCorp Tier 1 lab providers?

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

11. 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 Valet, and they will help you understand your options as well.

12. Can you filter within the provider search to only view Tier 1 providers?

- Tier 1 providers will appear first and then followed by Tier 2 then Tier 3.

13. How do I see providers that are farther than the max mileage I can search?

- To search outside the 50-mile radius, you will need to provide the zip code/city you are needing to search.

14. Why are different clinic locations for the same company (Allina for example) different tiers?

- Tiering is based on several factors, such as member experience, quality, and efficiency of service, etc.

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

- If you have secondary insurance or provider financial assistance, it is recommended that you choose a traditional plan. The Alternative Plan does not coordinate with secondary insurance or provider financial assistance on your behalf.
- If you choose the Alternative Plan and it is your primary insurance, you will be responsible for sending in a manual claim and Explanation of Benefits (EOB) to your secondary insurance to have those claims paid as deemed appropriate by the secondary insurance carrier.
- If you choose the Alternative Plan and it is your secondary carrier, you or your provider must submit the claim and EOB from your primary insurance carrier to the Alternative Plan as your secondary insurance carrier for the claim to be considered.
- The Health Valet will not be able to pull your claim or EOB and submit on your behalf to the appropriate carrier. They will, however, be able to direct you in locating the EOB needed on your member portal.

16. What do I do if I have Medicare? For example, if your spouse has Medicare A only. Can they be on the Coupe plan?

- Given the unique payment model with Coupe (where providers are paid their contracted rate in full), coordination with Other Insurance will require additional steps with your Health Valet. If you decide to elect Coupe, and you have Other Insurance to coordinate, you will need to collaborate with your Health Valet for processing. To avoid this extra step, you may consider selecting a different medical plan.

17. 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.

18. 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.

19. 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.

20. Can we use the BlueCard® PPO Network when traveling outside of Minnesota?

- Yes, when traveling outside of Minnesota you can utilize the national BlueCard® PPO Network

Coupe Health Valet

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

- Your Coupe Health Valet is a concierge resource that can help you navigate your health with confidence.
- Your Health Valet 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 Valets work?

- A concierge Health Valet experience is different than a traditional customer service experience. You will have the opportunity to work with a dedicated Health Valet to resolve your healthcare needs or questions until resolved. Since the Health Valet provides a more customized experience, a Health Valet 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 Valet?

- While you can reach out to a Health Valet via phone or email, email is the fastest way to interact with the Health Valet team.

4. Will I only work with one Health Valet?

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

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

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

6. How do I contact my Coupe Health Valet?

- Access your Coupe Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.
- You may also access contact information for your Health Valet on the Coupe Member Portal and on the app as well.

Pharmacy

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

- Coupe Health Pharmacy Plans are provided by Prime Therapeutics. The specific information on how your pharmacy can contact Prime is found on the back of your insurance ID card. Even if your pharmacist is not personally familiar with Prime, 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 what drug tier 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.

4. 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 Prime Therapeutics Specialty Pharmacy and delivered via mail or directly to a local retail pharmacy pickup location. Specialty medications generally require prior authorization and clinical review by the Prime Therapeutics Specialty Pharmacy, so please plan ahead as these steps commonly take 5 business days to complete.

5. 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), 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 Prime Therapeutics 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.

6. 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 Valet 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).**

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

- If your medication indicates prior authorization or step therapy is required when you are searching for your drug at www.coupehealth.com:
 - **Call the Coupe Health Valet Team for assistance!** The Coupe Health Valet Team is available during open enrollment to answer your questions on the Coupe Health plan offered. The Health Valet team can be contacted at HealthValet@CoupeHealth.com or **833-749-1969**, Monday through Friday 8AM-8PM CST. We are here to help you!
 - The Coupe Health Valet 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, Prime Therapeutics medical team will review the information and complete the prior authorization process.
 - Prime Therapeutics will advise you, your physician, and the filling pharmacy of the prior authorization decision.

8. 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 mail order program. For assistance in signing up for the mail order program, contact a Coupe Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.
- 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 to look up your drug and see if mail order is the only method covered by your plan.

9. 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.

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:

21. 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.

22. 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 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.

23. 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.


24. 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.

25. 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 | |
| <small>New contact information? Please provide your new address, e-mail, or phone number to your HR or Employee Benefits team.</small> | | | |

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.

26. 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.*

27. Paying Your Statement

- Paying Online
Log into Coupe Health member portal at www.coupehealth.com. 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.

28. 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 in the 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.*

29. 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.

30. Changing your preferences

- 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.

31. 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.

32. 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 portal, then clicking the "Payment Amount" drop-down to see the minimum due.

33. 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 Valet at HealthValet@CoupeHealth.com or 833-749-1969.

34. 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.

35. 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 Valet and request the initial FSA payment be refunded so then a new payment can be made on the FSA card that matches the statement.

36. What happens if the Coupe payment system does 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 Valet, and request the issue be escalated to the Coupe payment team for further investigation.

37. Can you add a spouse under the primary insured or does the spouse have to pay their bills as a separate account?

- Your dependents will all be listed on one statement. You have the option to add multiple payment types to differentiate payments made for dependents, but you are not required to set up a separate account for each.