



FREQUENTLY ASKED QUESTIONS

Coupe Health

What is Coupe Health and how does it differ from traditional health plans?

Coupe is an alternative health plan offered by Blue Cross Blue Shield that connects members to high-quality providers in their community that are part of the national Blue Cross® and Blue Shield® network. Coupe Health is owned by Blue Cross and Blue Shield of Minnesota and administered by certain other Blue plans around the country.

Coupe Health is designed to make health care simple and more predictable for members by helping them find high-quality providers and see costs upfront.

Coupe offers financing and non-financing options and is compatible with a variety of plan designs, including high-deductible health plans.

Does Coupe offer health insurance plans?

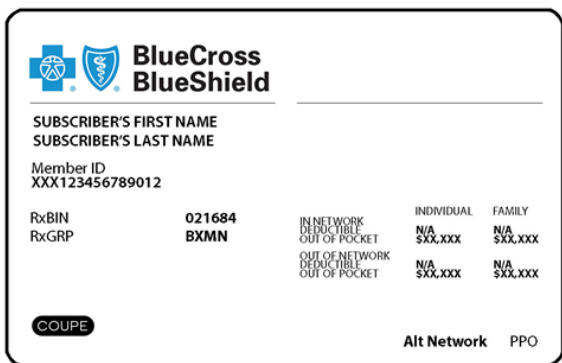
Coupe does not offer health insurance plans directly to the market. Coupe plans are offered to employers through certain Blue Cross Blue Shield Plans across the country.

Does Coupe have its own provider network?

No, Coupe does not have its own provider network. Coupe is administered on the BlueCard national network. Network options including the broad PPO network and Select networks are available. Members can see any participating provider. Some plans also offer coverage for non-participating providers.

How do we know if a patient is covered under a Coupe plan?

Coupe members' ID cards are marked with the Coupe logo – a sample card is shown below. Always ask to see the patient's ID card and check eligibility, coverage and network participation as you would with any plan.



Do we still need to check for prior authorization, eligibility and network participation?

Yes, these processes still apply. Coupe does not play a role in these processes – they are handled exclusively by Blue Cross Blue Shield.

When checking benefits through a 270/271 transaction or through the provider service automated phone line, the system will not return a copay to be collected at the time of service. Instead, providers will receive a message indicating that *No member payment due at time of service; member responsibility will appear on the final claim (remittance) file.*

What is the patient cost-sharing structure under Coupe?

Employers can offer PPO or EPO plans, with or without deductible. Employers can offer HDHPs. Coupe plans are based on copay - coinsurance does not apply; deductibles and out-of-pocket maximums apply as designed by the plan sponsor.

How do we collect patient liability under Coupe?

For members on a Coupe non-finance plan, you should collect the patient liability based on the claims remit file, **not** at the time of service.

For members on a Coupe finance plan, you will be reimbursed the full allowed amount for approved claims. There is **no patient liability for you to collect** for approved claims.

Is there a different claim filing process for Coupe?

No – standard Blue Cross Blue Shield claims filing process and filing rules all apply. As always, timely and accurate filing is required. Coupe does not play a role in these processes.

Does Coupe decide whether a claim is covered?

No. Coverage determinations are made exclusively by Blue Cross Blue Shield based on the member's plan terms.

Does my allowed amount or reimbursement rate change for Coupe plans?

No. There are no changes to provider's allowed amounts or provider contracts under Coupe plans. Your network contract guides your reimbursement amount.

Does the process change for disputing a claim denial?

There are no changes to the process for members on Coupe plans.

What about out-of-network services or emergency care?

The plan benefits determine coverage, as they do for any other Blue Cross Blue Shield plan. Coupe does not play a role in determining coverage.

What should I do if I have questions about a patient's Coupe coverage?

Contact the Provider Services number on the patient ID card.



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