

Surest Plan Design Overview
Calendar Year: 10/01/26 — 09/30/27

Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$5,500	\$11,000
	OOP Limit Family	\$11,000	\$22,000
Medical Coverage	Office Visit	\$25 to \$130	\$220
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$25 to \$70	Not Covered
	Virtual Health (Specialty)	\$0 to \$130	Not Covered
	Preventive Care	\$0	\$195
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$150 to \$1,900	Up to \$5,700
	Emergency Room	\$350	\$350
	Observation Stay	\$900	\$900
	Ambulance	\$500	\$500
	Urgent Care	\$80	\$210
	Procedures (Office, Outpatient and Inpatient)	\$40 to \$3,500	Up to \$10,000
	Procedures (Inpatient and some Outpatient)	\$400 to \$3,500	Up to \$10,000
	Other Outpatient Hospital Services	\$200 to \$1,050	\$3,150
	Other Inpatient Stay (inc. admission from ER)	\$2,750	\$8,250
	Mental Health & Substance Use Disorder		
	In an office setting	\$25	\$195
	Intensive Outpatient Treatment Program	\$70	\$210
	Partial Hospitalization Program	\$130	\$390
	In an outpatient setting	\$130	\$390
	In an inpatient setting	\$2,000	\$6,000
	Maternity		
	Prenatal and Postnatal Care	\$0	\$195
	Delivery	\$1,300 to \$2,750	\$8,250
	Home Health Care	\$70	\$210
	Rehabilitative Therapies	\$15 to \$170	Up to \$300
	Acupuncture	\$60	\$175
	Chiropractic	\$30	\$80
	Occupational Therapy	\$20 to \$130	\$185
	Physical Therapy	\$15 to \$95	\$230
	Speech Therapy	\$20 to \$130	\$185
	Skilled Nursing Facility	\$2,000	\$6,000
	Durable Medical Equipment	\$0 to \$1,000	Up to \$2,000
	Hospice		
	Home Hospice Visit	\$70	\$210
	Inpatient Hospice Care	\$2,750	\$8,250
	Advanced Tests ¹	\$20 to \$1,550	Up to \$3,150
	Chemotherapy	\$55 to \$640	Up to \$1,920
	Medical Infusions	\$50 to \$3,100	Up to \$9,300
	Therapeutic Treatments ²	\$20 to \$2,750	Up to \$8,250
	Fertility Treatment	Not Covered	Not Covered
Pharmacy Coverage OptumRx	Preventive Pharmacy - Up to 90 Days Supply	\$0	Not Covered
	Retail Pharmacy - Up to 31 Days Supply		
	Tier 1	\$10	Not Covered
	Tier 2	\$40	Not Covered
	Tier 3	\$85	Not Covered
	Retail & Mail Order Pharmacy - Up to 90 Days Supply		
	Tier 1	\$25	Not Covered
	Tier 2	\$225	Not Covered
	Tier 3	\$300	Not Covered
	Specialty Retail Pharmacy - Up to 31 Days Supply		
	Tier 1	\$330	Not Covered
	Tier 2	\$370	Not Covered
	Tier 3	\$400	Not Covered