

**Sample — Surest Plan Design Overview**

4/9/2025

Calendar Year: 01/01/26 — 12/31/26

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Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	<b>Deductible</b>	\$0	
	<b>Coinsurance (Plan Paid)</b>	100%	
	<b>OOP Limit Individual</b>	\$5,000	\$10,000
	<b>OOP Limit Family</b>	\$10,000	\$20,000
Medical Coverage	<b>Office Visit</b>	\$20 to \$105	\$220
	<b>Virtual Health</b>		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$20 to \$60	Not Covered
	Virtual Health (Specialty)	\$0 to \$105	Not Covered
	<b>Preventive Care</b>	\$0	\$160
	<b>Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)</b>	\$0	\$0
	<b>Complex Imaging (MRI, CT, etc.)</b>	\$100 to \$1,400	Up to \$4,200
	<b>Emergency Room</b>	\$650	\$650
	<b>Observation Stay</b>	\$650	\$650
	<b>Ambulance</b>	\$375	\$375
	<b>Urgent Care</b>	\$60	\$180
	<b>Procedures (Office, Outpatient and Inpatient)</b>	\$35 to \$3,000	Up to \$9,000
	<b>Procedures (Inpatient and some Outpatient)</b>	\$200 to \$3,000	Up to \$9,000
	Other Outpatient Hospital Services	\$150 to \$850	\$2,550
	Other Inpatient Stay (inc. admission from ER)	\$2,000	\$6,000
	<b>Mental Health &amp; Substance Use Disorder</b>		
	In an office setting	\$20	\$160
	Intensive Outpatient Treatment Program	\$60	\$180
	Partial Hospitalization Program	\$110	\$330
	In an outpatient setting	\$110	\$330
	In an inpatient setting	\$1,600	\$4,800
	<b>Maternity</b>		
	Prenatal and Postnatal Care	\$0	\$160
	Delivery	\$900 to \$2,000	\$6,000
	<b>Home Health Care</b>	\$60	\$180
	<b>Rehabilitative Therapies</b>	\$10 to \$140	Up to \$240
	Acupuncture	\$50	\$150
	Chiropractic	\$25	\$75
	Occupational Therapy	\$15 to \$105	\$185
	Physical Therapy	\$10 to \$75	\$225
	Speech Therapy	\$15 to \$105	\$185
<b>Skilled Nursing Facility</b>	\$1,500	\$4,500	
<b>Durable Medical Equipment</b>	\$0 to \$1,000	Up to \$2,000	
<b>Hospice</b>			
Home Hospice Visit	\$60	\$180	
Inpatient Hospice Care	\$2,000	\$6,000	
<b>Advanced Tests<sup>1</sup></b>	\$20 to \$1,300	Up to \$3,150	
<b>Chemotherapy</b>	\$25 to \$650	Up to \$1,950	
<b>Medical Infusions</b>	\$40 to \$2,600	Up to \$7,800	
<b>Therapeutic Treatments<sup>2</sup></b>	\$15 to \$2,100	Up to \$6,300	
<b>Fertility Treatment</b>	Not Covered	Not Covered	
Pharmacy Coverage OptumRx	<b>Preventive Pharmacy - Up to 90 Days Supply</b>	\$0	Not Covered
	<b>Retail Pharmacy - Up to 31 Days Supply</b>		
	Tier 1	\$10	Not Covered
	Tier 2	\$60	Not Covered
	Tier 3	\$90	Not Covered
	<b>Retail &amp; Mail Order Pharmacy - Up to 90 Days Supply</b>		
	Tier 1	\$25	Not Covered
	Tier 2	\$150	Not Covered
	Tier 3	\$225	Not Covered
	<b>Specialty Retail Pharmacy - Up to 31 Days Supply</b>		
	Tier 1	\$240	Not Covered
	Tier 2	\$270	Not Covered
Tier 3	\$300	Not Covered	

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Other Benefit Notes	<b>Out-of-Pocket Limits</b>	Embedded	Embedded
	<b>Out-of-Pocket Cross Application</b>	INN copays apply towards the INN and OON OOP Limit	OON copays apply towards the OON OOP Limit
	<b>Out-of-Pocket Accumulator</b>	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	<b>Out of Network Reimbursement</b>	N/A	110% of Medicare Fee Schedule
Other Coverage Notes	<b>Bariatric Surgery</b>	Not Covered	Not Covered
	<b>Gender Dysphoria Surgery</b>	Covered	Covered
	<b>Gender Dysphoria Reconstructive Services</b>	Covered	Covered

[1] Advanced Test are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include a facility-based sleep study or tilt table testing.

[2] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.