

South San Antonio ISD – Surest Plan Design Overview

8/9/2023

Plan Year: 11/01/23 – 10/31/24

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Category	Plan Design Element	Surest Plan	
		In-Network	Out-of-Network
Overall Provisions	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$6,000	\$12,000
	OOP Limit Family	\$12,000	\$24,000
Medical Coverage	Office Visit	\$15 to \$100	\$300
	Virtual Care		
	Virtual Visit (Doctor on Demand + K Health)	\$0	Not Covered
	Preventive Care	\$0	\$150
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$125 to \$775	\$2,325
	Emergency Room	\$500	\$500
	Observation Stay	\$500	\$500
	Ambulance	\$250	\$250
	Urgent Care	\$50	\$150
	Procedures (Office, Outpatient and Inpatient)	\$40 to \$3,000	Up to \$9,000
	Procedures (Inpatient and some Outpatient)	\$200 to \$3,000	Up to \$9,000
	- Thyroid Surgery (Thyroidectomy)	\$1,500 to \$2,850	\$8,550
	- Solid Organ Transplant (e.g., Heart Transplant)	\$2,100	Not Covered
	Other Outpatient Hospital Services	\$125 to \$750	\$2,250
	Other Inpatient Stay (inc. admission from ER)	\$2,000	\$6,000
	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria	Not Covered	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting (inc. ABA therapy)	\$15	\$150
	Mental Health Telehealth	\$15	\$150
	Intensive Outpatient Treatment Program	\$120	\$360
	Partial Hospitalization Program	\$120	\$360
	In an outpatient setting	\$120	\$360
	In an inpatient setting	\$2,000	\$6,000
	Maternity		
	Prenatal and Postnatal Care	\$0	\$150
	Delivery	\$900 to \$1,700	\$5,100
	Home Health Care	\$45	\$135
	Rehabilitative Therapies	\$10 to \$90	Up to \$270
	- Physical Therapy	\$10 to \$75	\$225
	Skilled Nursing Facility	\$1,500	\$4,500
	Durable Medical Equipment (including hearing aids)	\$0 to \$1,000	Up to \$2,000
	Hospice		
	Home Hospice Visit	\$45	\$135
	Inpatient Hospice Care	\$2,000	\$6,000
	Advanced Tests	\$30 to \$900	Up to \$2,700
	- Sleep Study	\$150 to \$900	\$2,700
	Medical Infusions And Chemotherapy	\$50 to \$3,000	Up to \$9,000
	Therapeutic Treatments	\$40 to \$1,900	Up to \$5,700
High Intensity Therapy	\$40 to \$1,900	Up to \$5,700	
Fertility Treatment	Not Covered	Not Covered	
Pharmacy Coverage (OptumRx)	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$10	Not Covered
	Tier 2	\$60	Not Covered
	Tier 3	\$90	Not Covered
	Retail Pharmacy - 90 Days Supply		
	Tier 1	\$25	Not Covered
	Tier 2	\$150	Not Covered
	Tier 3	\$225	Not Covered
	Specialty Retail Pharmacy		
	Tier 1	\$240	Not Covered
	Tier 2	\$270	Not Covered
	Tier 3	\$300	Not Covered

Category	Plan Design Element	Surest Plan		
		In-Network	Out-of-Network	
Other Benefit Notes	Out-of-Pocket Cross Application	In-Network copays applies towards In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the In-Network and Out-of-Network OOP Limit	
	Out-of-Pocket Accumulator	ERISA Plan Year accumulator	ERISA Plan Year accumulator	
	Out of Network Reimbursement	N/A	140% of Medicare Fee Schedule	
	Urgent and Emergent Care out of pocket accumulator			
	Emergency Room	In-Network copays applies towards In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the In-Network and Out-of-Network OOP Limit	
	Ambulance	In-Network copays applies towards In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the In-Network and Out-of-Network OOP Limit	
	Observation Stay	In-Network copays applies towards In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the In-Network and Out-of-Network OOP Limit	
	Therapy Visit Limits:			
	Acupuncture	Not Covered		
	Chiropractic	20 visit limit per person per plan year*		
Physical Therapy	30 visit limit per person per plan year*, Not combined with other therapies			
Occupational Therapy	30 visit limit per person per plan year*, Not combined with other therapies			
Speech Therapy	30 visit limit per person per plan year*, Not combined with other therapies			
Home Health Care	60 visit limit per person per plan year*			
Skilled Nursing Facility	60 day limit per person per plan year*			
Abortion				
Non-therapeutic Abortion	Covered	Covered		
Travel & Lodging	Covered	Covered		

*All visit and stay limits are per covered person per plan year and combined in-network and out-of-network.