

The School District of Escambia County — Surest Plan Design Overview
9/8/2026
Calendar Year: 01/01/27 — 12/31/27
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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	\$9,000	N/A
	OOP Limit Family	\$18,000	N/A
Medical Coverage	Office Visit	\$50 to \$160	Not Covered
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$50 to \$110	Not Covered
	Virtual Health (Specialty)	\$0 to \$160	Not Covered
	Preventive Care	\$0	Not Covered
	Routine Diagnostic Test (e.g., X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$200 to \$2,900	Not Covered
	Emergency Room	\$1,000	\$1,000
	Observation Stay	\$1,000	\$1,000
	Ambulance	\$700	\$700
	Urgent Care	\$110	Not Covered
	Procedures (Office, Outpatient and Inpatient)	\$80 to \$5,500	Not Covered
	Procedures (Inpatient and some Outpatient)	\$500 to \$5,500	Not Covered
	Other Outpatient Hospital Services	\$350 to \$1,300	Not Covered
	Other Inpatient Stay (inc. admission from ER)	\$4,500	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$50	Not Covered
	Intensive Outpatient Treatment Program	\$110	Not Covered
	Partial Hospitalization Program	\$200	Not Covered
	In an outpatient setting	\$200	Not Covered
	In an inpatient setting	\$3,000	Not Covered
	Maternity		
	Prenatal and Postnatal Care	\$0	Not Covered
	Delivery	\$2,400 to \$4,500	Not Covered
	Home Health Care	\$90	Not Covered
	Rehabilitative Therapies	\$25 to \$210	Not Covered
	Acupuncture	\$80	Not Covered
	Chiropractic	\$40	Not Covered
	Occupational Therapy	\$25 to \$165	Not Covered
	Physical Therapy	\$25 to \$115	Not Covered
	Speech Therapy	\$25 to \$165	Not Covered
	Skilled Nursing Facility	\$3,500	Not Covered
	Durable Medical Equipment	\$0 to \$1,000	Not Covered
	Hospice		
	Home Hospice Visit	\$90	Not Covered
	Inpatient Hospice Care	\$4,500	Not Covered
	Advanced Tests ¹	\$45 to \$2,100	Not Covered
	Chemotherapy	\$85 to \$900	Not Covered
	Medical Infusions	\$75 to \$4,600	Not Covered
	Therapeutic Treatments ²	\$20 to \$4,800	Not Covered
	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	\$90	Not Covered
	Tier 3	\$200	Not Covered
	Tier 4	\$600	Not Covered
	Retail & Mail Order Pharmacy - Up to 90 Days Supply		
	Tier 1	\$30	Not Covered
	Tier 2	\$370	Not Covered
	Tier 3	\$600	Not Covered
	Tier 4	\$1,800	Not Covered

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Other Benefit Notes	Out-of-Pocket Limits	Embedded	N/A
	Out-of-Pocket Cross Application	INN copays only apply towards INN OOP Limit	N/A
	Out-of-Pocket Accumulator	Non-ERISA Plan Year Accumulator	N/A
	Out of Network Reimbursement	N/A	Naviguard - Package N
Other Coverage Notes	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Not Covered	Not Covered
	Gender Dysphoria Reconstructive Services	Not Covered	Not Covered

[1] Advanced Tests 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 Treatments are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.