

Dentsu – Surest Plan Design Overview

7/27/2023

Plan Year: 01/01/24 – 12/31/24

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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	\$40 to \$140	\$420
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Specialty)	\$30 to \$90	Not Covered
	Preventive Care	\$0	\$210
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$250 to \$1,100	Up to \$3,300
	Emergency Room	\$850	\$850
	Observation Stay	\$850	\$850
	Ambulance	\$400	\$400
	Urgent Care	\$80	\$240
	Procedures (Office, Outpatient and Inpatient)	\$60 to \$4,500	Up to \$11,000
	Procedures (Inpatient and some Outpatient)	\$600 to \$4,500	Up to \$11,000
	Other Outpatient Hospital Services	\$250 to \$1,050	\$3,150
	Other Inpatient Stay (inc. admission from ER)	\$3,500	\$10,500
	Bariatric Surgery	Covered	Covered
	Gender Dysphoria Surgery	Covered	Covered
	Gender Dysphoria Reconstructive Services	Covered	Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$40	\$210
	Mental Health Telehealth	\$40	\$210
	Intensive Outpatient Treatment Program	\$100	\$300
	Partial Hospitalization Program	\$180	\$540
	In an outpatient setting	\$180	\$540
	In an inpatient setting	\$3,500	\$10,500
	Maternity		
	Prenatal and Postnatal Care	\$0	\$210
	Delivery	\$1,850 to \$3,150	\$9,450
	Home Health Care	\$80	\$240
	Rehabilitative Therapies	\$30 to \$140	Up to \$420
	Acupuncture	\$70	\$210
	Chiropractic	\$40	\$105
	Occupational Therapy	\$30 to \$125	\$375
	Physical Therapy	\$30 to \$100	\$300
	Speech Therapy	\$30 to \$125	\$375
	Skilled Nursing Facility	\$2,750	\$8,250
	Durable Medical Equipment	\$0 to \$1,000	Up to \$2,000
	Hospice		
Home Hospice Visit	\$80	\$240	
Inpatient Hospice Care	\$3,500	\$10,500	
Advanced Tests¹	\$40 to \$1,650	Up to \$4,950	
Medical Infusions And Chemotherapy	\$60 to \$3,600	Up to \$10,800	
Therapeutic Treatments²	\$100 to \$3,600	Up to \$10,800	
Fertility Treatment	\$100 to \$1,500	Not Covered	
Pharmacy Coverage - OptumRx	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$10	\$10
	Tier 2	\$50	\$50
	Tier 3	\$75	\$75
	Retail Pharmacy - 90 Days Supply		
	Tier 1	\$20	Not Covered
	Tier 2	\$100	Not Covered
	Tier 3	\$150	Not Covered
	Specialty Retail Pharmacy		
	Tier 1	\$75	\$75
Tier 2	\$75	\$75	
Tier 3	\$75	\$75	

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Other Benefit Notes	Out-of-Pocket Limits	Embedded	Embedded
	Out-of-Pocket Cross Application	In-Network copays applies towards the In-Network and Out-of-Network OOP Limit	Out-of-Network copays apply towards the Out-of-Network OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year Accumulator	ERISA Plan Year Accumulator
	Out of Network Reimbursement	N/A	110% of Medicare Fee Schedule

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

[1] Advanced Test are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include EKG or a Facility Based Sleep Study.

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