

Secur-Serv — Surest Plan Design Overview

11/5/2025

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	Deductible	\$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	\$5,000	N/A
	OOP Limit Family	\$10,000	N/A
Medical Coverage	Office Visit	\$20 to \$105	Not Covered
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$20 to \$70	Not Covered
	Virtual Health (Specialty)	\$0 to \$105	Not Covered
	Preventive Care	\$0	Not Covered
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$125 to \$1,400	Not Covered
	Emergency Room	\$600	\$600
	Observation Stay	\$600	\$600
	Ambulance	\$350	\$350
	Urgent Care	\$60	Not Covered
	Procedures (Office, Outpatient and Inpatient)	\$35 to \$3,000	Not Covered
	Procedures (Inpatient and some Outpatient)	\$200 to \$3,000	Not Covered
	Other Outpatient Hospital Services	\$150 to \$825	Not Covered
	Other Inpatient Stay (inc. admission from ER)	\$2,000	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$20	Not Covered
	Intensive Outpatient Treatment Program	\$70	Not Covered
	Partial Hospitalization Program	\$130	Not Covered
	In an outpatient setting	\$130	Not Covered
	In an inpatient setting	\$2,000	Not Covered
	Maternity		
	Prenatal and Postnatal Care	\$0	Not Covered
	Delivery	\$900 to \$2,000	Not Covered
	Home Health Care	\$60	Not Covered
	Rehabilitative Therapies	\$10 to \$130	Not Covered
	Acupuncture	\$45	Not Covered
	Chiropractic	\$25	Not Covered
	Occupational Therapy	\$15 to \$90	Not Covered
	Physical Therapy	\$10 to \$70	Not Covered
	Speech Therapy	\$15 to \$90	Not Covered
Skilled Nursing Facility	\$1,500	Not Covered	
Durable Medical Equipment	\$0 to \$1,000	Not Covered	
Hospice			
Home Hospice Visit	\$60	Not Covered	
Inpatient Hospice Care	\$2,000	Not Covered	
Advanced Tests ¹	\$20 to \$1,050	Not Covered	
Chemotherapy	\$25 to \$625	Not Covered	
Medical Infusions	\$40 to \$2,650	Not Covered	
Therapeutic Treatments ²	\$15 to \$2,100	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	\$60	Not Covered
	Tier 3	\$90	Not Covered
	Retail & Mail Order Pharmacy - Up to 90 Days Supply		
	Tier 1	\$25	Not Covered
	Tier 2	\$150	Not Covered
	Tier 3	\$225	Not Covered
	Specialty Retail Pharmacy - Up to 31 Days Supply		
	Tier 1	\$240	Not Covered
	Tier 2	\$270	Not Covered
Tier 3	\$300	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	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 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.