

Lakefield Professionals — Surest Plan Design Overview

10/2/2024

Plan Year: 01/01/25 — 12/31/25

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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	\$10,000
	OOP Limit Family	\$10,000	\$20,000
Medical Coverage	Office Visit	\$10 to \$65	\$195
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Mental Health & Substance Use Disorder)	\$10 to \$70	Not Covered
	Virtual Health (Specialty)	\$0 to \$65	Not Covered
	Preventive Care	\$0	\$100
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$75 to \$500	Up to \$1,500
	Emergency Room	\$325	\$325
	Observation Stay	\$325	\$325
	Ambulance	\$160	\$160
	Urgent Care	\$30	\$90
	Procedures (Office, Outpatient and Inpatient)	\$20 to \$2,500	Up to \$7,000
	Procedures (Inpatient and some Outpatient)	\$150 to \$2,500	Up to \$7,000
	Other Outpatient Hospital Services	\$75 to \$500	\$1,500
	Other Inpatient Stay (inc. admission from ER)	\$1,600	\$4,800
	Bariatric Surgery	Not Covered	Not Covered
	Gender Dysphoria Surgery	Covered	Covered
	Gender Dysphoria Reconstructive Services	Covered	Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$10	\$100
	Mental Health Telehealth	\$10	\$100
	Intensive Outpatient Treatment Program	\$70	\$210
	Partial Hospitalization Program	\$70	\$210
	In an outpatient setting	\$70	\$210
	In an inpatient setting	\$1,600	\$4,800
	Maternity		
	Prenatal and Postnatal Care	\$0	\$100
	Delivery	\$625 to \$1,375	\$4,125
	Home Health Care	\$30	\$90
	Rehabilitative Therapies	\$10 to \$60	Up to \$180
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$15	\$45
	Occupational Therapy	\$10 to \$60	\$180
	Physical Therapy	\$10 to \$50	\$150
	Speech Therapy	\$10 to \$60	\$180
	Skilled Nursing Facility	\$1,200	\$3,600
	Durable Medical Equipment	\$0 to \$500	Up to \$1,000
	Hospice		
	Home Hospice Visit	\$30	\$90
	Inpatient Hospice Care	\$1,600	\$4,800
	Advanced Tests ¹	\$20 to \$600	Up to \$1,800
	Medical Infusions And Chemotherapy	\$10 to \$2,450	Up to \$7,000
	Therapeutic Treatments ²	\$30 to \$1,500	Up to \$4,500
	Fertility Treatment	\$100 to \$1,500	Not Covered
Pharmacy Coverage OptumRx	Retail Pharmacy - 30 Days Supply		
	Tier 1	\$10	\$10
	Tier 2	25% (min \$25 max \$50)	25% (min \$25 max \$50)
	Tier 3	25% (min \$45 max \$90)	25% (min \$45 max \$90)
	Retail Pharmacy - 90 Days Supply		
	Tier 1	\$20	Not Covered
	Tier 2	25% (min \$50 max \$100)	Not Covered
	Tier 3	25% (min \$90 max \$180)	Not Covered

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Other Benefit Notes	Out-of-Pocket Limits	Embedded	Embedded
	Out-of-Pocket Cross Application	In-Network copays only apply towards In-Network OOP Limit	Out-of-Network copays apply toward the 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

[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.