

2024 University of Southern Indiana — Surest Plan Design Overview

10/27/2023

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	\$4,000	\$8,000
	OOP Limit Family	\$8,000	\$16,000
Medical Coverage	Office Visit	\$5 to \$40	\$120
	Virtual Health		
	Virtual Health (Primary and Urgent)	\$0	Not Covered
	Virtual Health (Specialty)	\$0 to \$40	Not Covered
	Preventive Care	\$0	\$60
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
	Complex Imaging (MRI, CT, etc.)	\$40 to \$280	\$750 to \$840
	Emergency Room	\$180	\$180
	Observation Stay	\$180	\$180
	Ambulance	\$80	\$80
	Urgent Care	\$20	\$60
	Procedures (Office, Outpatient and Inpatient)	\$10 to \$2,000	Up to \$6,000
	Procedures (Inpatient and some Outpatient)	\$75 to \$2,000	Up to \$6,000
	Other Outpatient Hospital Services	\$50 to \$320	\$960
	Other Inpatient Stay (inc. admission from ER)	\$1,000	\$3,000
	Bariatric Surgery	Covered	Covered
	Gender Dysphoria Surgery	Covered	Covered
	Gender Dysphoria Reconstructive Services	Not Covered	Not Covered
	Mental Health & Substance Use Disorder		
	In an office setting	\$5	\$60
	Mental Health Telehealth	\$5	\$60
	Intensive Outpatient Treatment Program	\$30	\$90
	Partial Hospitalization Program	\$50	\$150
	In an outpatient setting	\$50	\$150
	In an inpatient setting	\$1,000	\$3,000
	Maternity		
	Prenatal and Postnatal Care	\$0	\$60
	Delivery	\$350 to \$1,000	\$3,000
	Home Health Care	\$15	\$45
	Rehabilitative Therapies	\$5 to \$35	Up to \$105
	Acupuncture	Not Covered	Not Covered
	Chiropractic	\$10	\$30
Occupational Therapy	\$5 to \$35	\$105	
Physical Therapy	\$5 to \$25	\$75	
Speech Therapy	\$5 to \$35	\$105	
Skilled Nursing Facility	\$800	\$2,400	
Durable Medical Equipment	\$0 to \$500	Up to \$1,000	
Hospice			
Home Hospice Visit	\$15	\$45	
Inpatient Hospice Care	\$1,000	\$3,000	
Advanced Tests ¹	\$5 to \$450	Up to \$1,350	
Medical Infusions And Chemotherapy	\$5 to \$1,250	Up to \$3,750	
Therapeutic Treatments ²	\$20 to \$1,175	Up to \$3,525	
Fertility Treatment	\$100 to \$1,500	Not Covered	

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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	140% 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.